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Behavioral Risk Factor Surveillance Survey

BEHAVIORAL RISK FACTORS IN NEVADA ~ PROFILES OF HEALTH AND LIFESTYLE IN THE ADULT POPULATION OF RESIDENTS ~ 1992 SURVEILLANCE YEAR

UNIVERSITY OF NEVADA ~ SENATOR ALAN BIBLE CENTER FOR APPLIED RESEARCH
STATE OF NEVADA ~ 1994 ~ CENTER FOR HEALTH STATISTICS

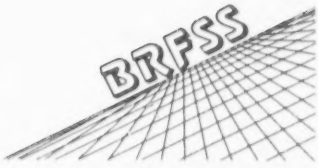
Nevada Health Division • University of Nevada School of Medicine • Alan Bible Center for Survey Research

Nevada Center for Health Statistics

Behavioral Risk Factor Surveillance Survey

Smoking ❦ Drinking ❦ Drinking & Driving ❦ High Blood Pressure ❦ Obesity ❦ Cholesterol
Seatbelt Use ❦ Physical Activity ❦ Women's Health Screening ❦ Health Insurance

For the period beginning January 1, 1992, and ending December 31, 1992



The Nevada Behavioral Risk Factor Surveillance Survey was conducted by the Center for Applied Research, University of Nevada, Reno with the support of grants from the American Heart Association • The Clark and Washoe County Health Districts • The Centers for Disease Control and Prevention

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For the period beginning January 1, 1992, and ending December 31, 1992

Martin Atherton, MPH
Chief,
Bureau of Health Information & Data Management
Nevada Health Division

Sandra A Daugherty, MD, PhD
Professor,
Department of Family and Community Medicine
University of Nevada School of Medicine

Judy Calder, EdD
Director,
Senator Alan Bible Center for Applied Research
University of Nevada, Reno

A Profile of Health Risk Behaviors among the Adult Population of Nevada Residents Based on Telephone Interviews

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THE GREAT SEAL OF THE STATE OF
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NEVADA

Introduction

What a difference a year makes! Last year at this time, the Behavioral Risk Factor Surveillance Survey (BRFSS) in Nevada was running on just two cylinders. Today, a third and a fourth one have kicked in—with funds provided by the American Heart Association to continue Nevada BRFSS data collection for a *second year*. Even so, our goal is to develop a successful and well-funded surveillance program beyond our current momentum and strength. Here's where we now stand:

- **Funding**. Three successful applications for funding have been made to the American Heart Association (1992, 1993) and the Centers for Disease Control (1993) to collect BRFSS data in Nevada.

- **Reporting**. This report marks the second annual report based on fledgling efforts to survey behavioral risk factors in Nevada—with Clark, Washoe and the rural counties as stratified sub-samples.

- **Surveying**. More than 5,000 Nevadans have been surveyed to date in an effort to build a solid database of behavioral risk surveillance needed to track statewide progress in attaining the Healthy People 2000 objectives.

- **1994**. Funding is now secure throughout 1994, when Nevada will have the opportunity to solicit "five year cycle" dollars from the Office of Surveillance, CDC. If successful, Nevada's BRFSS funding will continue with CDC support through1998.

And, as our public health advisor reminds us, data *gets* more data and more funding to address health problems discovered through our surveillance efforts in Nevada. This simple logic fits the reality of how funds and resources are allocated at a time when every dollar counts *and every hand is outstretched*. Nevada needs health data to direct its case for support to address the critical health problems that could be avoided through prevention.

What do behavioral risk factor surveys tell us about the health status of residents in Nevada? Based on the BRFSS data found in this report, we know that 30% of adult Nevadans are **current smokers** and therefore at risk for premature death and disability due to heart and lung disease. Nevada's smoking prevalence is *the highest* in the U.S. Smoking in Nevada results in an estimated $320 million in health care costs to diagnose and treat smoking-attributable disease. It follows that the solution to rising health care costs lies, in part, with the control of preventable disease caused by risk behaviors surveyed through the BRFSS.

Drinking. Seven percent of adult Nevadans are chronic drinkers and are at risk for liver disease and motor vehicle injury. Alcohol abuse is especially prevalent among the unemployed and the less educated.

Seat Belt Non-Use. Despite recent laws enforcing their use, seat belts are not worn regularly by 18% of adult Nevadans, according to 1992 BRFSS estimates. Seat belts are a known means of reducing both the number and severity of traffic injuries that occur on Nevada's highways each year.

Drinking & Driving. Over 400 people die each year in Nevada due to motor vehicle-related injury. Many of these traffic deaths are tied to alcohol abuse. Based on 1992 BRFSS results, over 4% of adult Nevadans are estimated to drink and drive on at least one occasion per month.

Hypertension. More than 20% of adult Nevadans have been told they have high blood pressure. Hypertension is a known risk factor for stroke and heart disease. High blood pressure is also related to other risk factors such as smoking, drinking and lack of exercise.

As the facts above suggest, BRFSS information in Nevada, at any cost, remains a valuable tool for disease prevention in the '90s. And now with all four cylinders charged, this effort can make a public health difference.

Acknowledgements

Funding for the 1992 Nevada Behavioral Risk Factor Surveillance Survey (BRFSS) was provided by a grant from the American Heart Association, Nevada Affiliate. This support enabled the collection of BRFSS telephone interviews of selected residents in Nevada. Similar funds have been awarded again in 1993 by the American Heart Association to continue gathering BRFSS interview data on leading trends for behavioral risk factor prevalence in the silver state. This generous support has been critical to BRFSS efforts in Nevada, which remains one of the few states "unfunded" by the Centers for Disease Control and Prevention (CDC), Office of Surveillance.

In addition to support from the American Heart Association, BRFSS efforts have been generously assisted by the Clark and Washoe County Health Districts and CDC. Nevada's BRFSS data is stratified by 'county of residence', allowing CDC to provide direct estimates of behavioral risk factor prevalence among Clark, Washoe and rural county residents, 18 years and older. Local health districts find BRFSS data to be an import-ant new source of information on leading trends for smoking, drinking, seat belt use and other risk factors tied to disabling dis-eases and premature death.

BRFSS data is collected, under contract, by the University of Nevada, Alan Bible Center for Survey Research. The Center remains an integral part of BRFSS programming in Nevada, providing skilled interviewers and state-of-the-art methods needed to conduct a survey of this scope and size. This past year, the Center administered over 1,630 BRFSS interviews throughout Nevada, contacting some 140 households each month during 1992. The Center's efforts in this project are directed by Judy Calder, EdD, survey director. Staff from the Center have received training in BRFSS interviewing methods by representatives from the CDC, Office of Surveillance. Each BRFSS interview requires, on average, 20 minutes of telephone contact with each randomly selected household resident.

The American Heart Association award for BRFSS data collection in 1992 was made to Sandra Daugherty, MD, PhD, University of Nevada School of Medicine (UNSOM) to direct the BRFSS efforts in 1992. UNSOM remains strongly supportive of BRFSS efforts in Nevada.

Although still not fully funded by CDC, Nevada's BRFSS program receives 'support-in-kind' from the CDC's Office of Surveillance. BRFSS data are sent each month to CDC for editing, quality control and statistical weighting. Data processing is provided by CDC without cost to all states maintaining monthly BRFSS surveillance systems. This support enables Nevada to publish annual estimates of risk factor prevalence of the kind found in this report. In addition, Nevada's prevalence estimates can be compared to those measured in other states using identical surveillance methods and questionnaires. Such comparisons prove useful in measuring excess risk prevalence in defined populations and geographical areas of the U. S. Since 1990 BRFSS efforts in Nevada have been promoted by CDC's field staff representative, Mike Gay. Mike's support and useful criticism have been invaluable to BRFSS programming in Nevada. Without his support and promotional efforts, "unfunded" states such as Nevada would lack visibility within CDC's Office of Surveillance. A very special acknowledgement is therefore extended to Mike Gay and the other public health advisors at CDC who link all fifty states into the national BRFSS.

Funding and Support • 1992
Nevada Behavioral Risk Factor Surveillance Survey

The following agencies have provided funding and support for the Nevada Behavioral Risk Factor Survey • 1992:

Agency	Type of Support	Amount
American Heart Association	Funding	$20,000
Clark County Health District	Funding	$8,500
Washoe County Health District	Funding	$2,500
Centers for Disease Control	In-Kind	
Total		**$31,000**

Summary of Findings

The summary findings of the 1992 BRFSS are presented in the table below. These data provide the first accurate estimates of behavioral risk factor prevalence in Nevada. They are based on household interview surveys conducted throughout 1992.

The seven surveyed behavioral risk factors include smoking, drinking, drinking and driving, seat belt non-use, overweight, hypertension, and sedentary life-style. Together and independently, these seven risk factors have been linked to heart disease, stroke, cancer, deaths due to motor vehicle injuries, diabetes and major lung diseases.

The demographic characteristics of behavioral risk include age, sex, race, marital status, income, employment status and educational attainment. These characteristics are profiled throughout this report with respect to each of the risk factors included in the 1992 BRFSS effort.

As shown in the table below, several demographic indicators appear to predict health risk behaviors in the adult population. Specifically, those without high school education, the unemployed, and those earning less than $15,000 annually are at highest risk for such behaviors as smoking, drinking, drinking and driving, seatbelt non-use, hypertension and sedentary life-style.

The prevalence of certain risk behaviors in the overall population of adult Nevadans were also measured by the 1992 BRFSS. Notably, current smoking behaviors are estimated to occur among **30%** of adult Nevadans—the highest smoking prevalence rate in the U.S. Also among adult Nevadans, 7% are estimated to be chronic drinkers, 4% drive after drinking too much, 18% do not regularly use seat belts when driving or riding in a car, 22% are overweight, 21% have high blood pressure and 48% report a sedentary lifestyle.

Behavioral Risk Factor Surveillance Survey
Risk Factor Profiles by Demographics • Nevada • 1992

Risk Factor Prevalence (Nevada)	Groups At Highest Risk - Reported Prevalence (%) for Group					
	Sex/Age	Race	Marital Status	Income	Employment Status	Educational Attainment
Smoking (30.5%)	Males (45-54) (39.2%) Females (55-64) (40.6%)	"Other" Races (39.3%)	Divorced (45.0%)	<$10,000 annual income (43.7%)	Out of work less than one year (54.7%)	Less than High School Education (46.5%)
Chronic Drinking (a) (6.8%)	Males (18-24) (18.0%) Females (18-24) (6.7%)	Blacks (7.6%)	Never Married (13.7%)	<$10,000 annual income (11.8%)	Out of work less than one year (15.7%)	Less than High School Education (8.8%)
Drinking & Driving (a) (4.2%)	Males (25-34) (10.1%) Females (18-24) (5.5%)	Blacks (7.5%)	Divorced (8.3%)	$25-35,000 annual income (6.3%)	Out of work less than one year (8.3%)	College Educated (5.5%)
Seat Belt Non-use (18.0%)	Males (65+) (26.8%) Females (55-64) (25.3%)	"Other" Races (25.4%)	Divorced (27.3%)	<$10,000 annual income (27.5%)	Out of work more than one year (28.5%)	Less than High School Education (35.6%)
Overweight (22.3%)	Males (55-64) (35.0%) Females (45-54) (29.2%)	Blacks (32.5%)	Separated (47.3%)	$10-15,000 annual income (29.1%)	Out of work more than one year (35.8%)	Less than High School Education (24.1%)
Hypertension (21.2%)	Males (55-64) (45.5%) Females (65+) (49.1%)	Blacks (28.8%)	Widowed (44.9%)	$10-15,000 annual income (38.6%)	Retired (46.7%)	Less than High School Education (33.1%)
Sedentary Lifestyle (48.2%)	Males (75+) (59.8%) Females (65-74) (59.3%)	"Other" Races (56.3%)	Widowed (55.5%)	<$15,000 annual income (57.0%)	Out of work more than one year (63.0%)	Less than High School Education (59.1%)

(a) Prevalence rates based on sample sizes too small to be considered reliable and accurate

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Blowing the Whistle on Disease in Nevada

The driving force behind many disease trends in Nevada are behavioral risk factors. The table below lists the fifteen leading causes of death in Nevada for 1992. Of some 9,790 deaths among Nevada residents in 1992, 2,618 (27%) were due to heart disease, 2,046 (21%) were due to cancer, 629 (6.4%) to lung disease, and 427 (4.4%) to stroke. All of these top killers have been tied to smoking, drinking, high blood pressure and high blood cholesterol. Many chronic disease risk factors are interrelated. Smoking, for example, is associated with high blood pressure and being overweight is associated with high blood cholesterol levels.

Together, the seven risk factors outlined in this report—**smoking, drinking, drinking and driving, seat belt non-use, overweight, hypertension and sedentary life style**—contribute substantially to the leading causes of death in Nevada each year. Smoking alone is estimated to cause nearly 90% of all lung cancer deaths each year.

And as the table on Page 1 shows, the seven behavioral risk factors described in this report contribute to not just heart disease and cancer, but also stroke, motor vehicle injuries, diabetes, liver disease, complications of pregnancy, lung disease and kidney disease.

Increased surveillance of behavioral risk factors in Nevada will help to better understand who is at risk for premature death and disability and how best intervention methods can be implemented to control disease at its root cause. The more that is known about these risk factors, the better targeted risk reductions efforts can be.

Age-adjusted Death Rates per 100,000 for Leading Causes of Death by Year and Sex
Behavioral Risk Factor Surveillance Survey
Nevada • 1991-1992

CAUSE OF DEATH	ICD-9[1]	1992 BOTH SEXES	1992 FEMALE	1992 MALE	1991 BOTH SEXES	1991 FEMALE	1991 MALE
CANCER	**140-208**	**129.3**	**100.0**	**175.4**	**117.0**	**94.4**	**152.5**
CANCER OF RESPIRATORY AND INTRATHORACIC ORGANS	160-165	44.1	28.5	65.8	42.3	30.7	59.2
CANCER OF BREAST	174-175	10.9	20.3	0.1	9.0	16.7	0.1
CANCER OF GENITAL ORGANS	179-187	10.1	8.6	14.6	9.6	8.2	13.6
MAJOR CARDIOVASCULAR DISEASES	**390-448**	**147.9**	**91.4**	**229.3**	**155.8**	**99.3**	**234.9**
DISEASES OF THE HEART	390-398,402,404-429	121.1	70.3	192.7	129.3	77.8	200.6
ISCHAEMIC HEART DISEASE	410-414	52.7	27.3	194.8	59.9	33.6	197.2
ACUTE MYOCARDIAL INFARCTION	410	24.2	11.9	86.5	27.1	13.7	88.1
OLD MYOCARDIAL INFARCTION	412,414	28.5	15.3	47.7	32.6	19.8	50.4
ALL OTHER FORMS OF HEART DISEASE	415-423,425-429	54.6	33.0	84.5	58.1	36.3	89.3
CEREBROVASCULAR DISEASES	**430-438**	**16.8**	**13.9**	**22.2**	**19.0**	**15.7**	**24.2**
PNEUMONIA & INFLUENZA	480-486	9.9	6.5	15.2	9.1	7.0	13.1
CHRONIC OBSTRUCTIVE PULMONARY DISEASES	490-496	27.6	22.3	37.2	28.1	20.3	41.2
CHRONIC LIVER DISEASE AND CIRRHOSIS	571	10.0	6.4	14.3	9.5	6.5	12.9
ACCIDENTS AND ADVERSE EFFECTS	**E800-E849**	**24.8**	**12.1**	**38.0**	**31.0**	**18.5**	**43.7**
MOTOR VEHICLE ACCIDENTS	E810-E819	13.3	6.9	19.8	18.6	12.0	25.3
SUICIDE	E950-E959	22.8	8.9	37.2	22.6	10.0	35.9
HUMAN IMMUNODEFICIENCY INFECTION	042-044	11.6	2.0	20.9	10.1	1.5	18.5
ALL OTHER CAUSES	RESIDUAL	33.6	25.1	45.7	33.6	25.5	44.8
All Causes	**001-999**	**470.9**	**313.4**	**663.9**	**472.5**	**322.6**	**672.3**

[1]CAUSE OF DEATH CODE

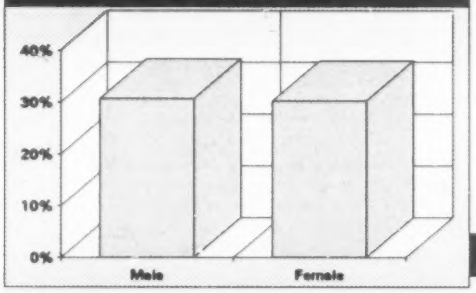
Risk Factor Profiles in Nevada:

- Smoking
- Drinking
- Drinking & Driving
- Seat Belt Nonuse
- Overweight
- Hypertension
- Cholesterol
- Exercise

Behavioral Risk Factors	...For Disease and Injury								
	Heart Disease	Cancer	Stroke	Motor Vehicle Injury	Diabetes	Liver Disease	Complications of Pregnancy	Lung Disease	Kidney Disease
Smoking	❑	❑	❑				❑	❑	
Chronic Drinking	❑		❑			❑	❑		
Drinking & Driving				❑					
Seat Belt Non-use				❑					
Overweight	❑	❑	❑		❑		❑		
Hypertension	❑		❑		❑		❑		❑
Sedentary Lifestyle	❑		❑		❑				

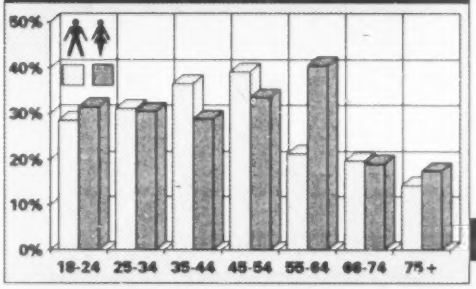
Tobacco Risk...

Figure 1. Percent of Current Smokers by Sex
BRFSS • Nevada • 1992



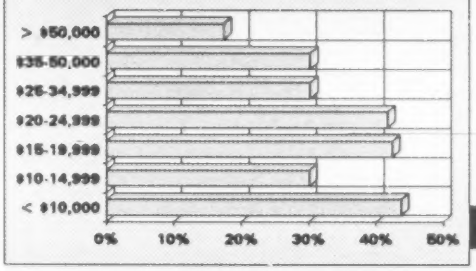
By sex

Figure 2. Percent of Current Smokers by Age
BRFSS • Nevada • 1992



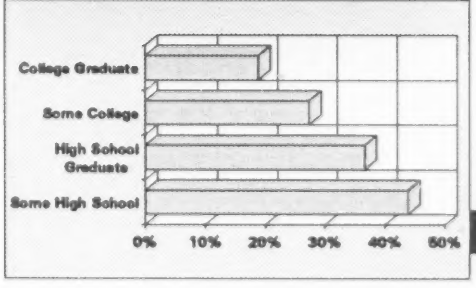
By age and sex

Figure 3. Percent of Current Smokers by Income • BRFSS • Nevada • 1992



By income

Figure 4. Percent of Current Smokers by Education BRFSS • Nevada • 1992



By education

Smoking

Tobacco smoking is associated with heart disease, stroke, emphysema, complications of pregnancy and cancer (of the lung, esophagus, pancreas, larynx, cervix, and kidney)[1]. Based on results of the 1992 BRFSS, 30.7% of Nevada males and 30.2% of Nevada females are current smokers (see Figure 1).

Males ages 45-54 years represent the age and sex group with the highest male percentage (39.2%) of current smokers; among females, those ages 55-64 years reported *the highest* percentage (40.6%) of current smokers (see Figure 2). According to recent mortality trends for 1984-1988, Nevada white females also experienced *the highest* age-adjusted (1970 standard) death rate (41.6 per 100,000) due to lung cancer nationwide. For white males in Nevada, lung cancer death rates for 1984-1988 were 82.5 per 100,000, ranking Nevada seventeenth among all other states in the U.S. During 1984-1988, lung cancer incidence among Nevada females increased notably from 46.1 per 100,000 to 56.0 per 100,000. This jump occurred during a time when similar rates for Nevada males had begun to stabilize or decline moderately.

According to results of the 1992 BRFSS, income level and educational attainment are both associated with smoking behavior. For example, more than 40% of those with less than a high school education and earning less than $10,000 annually reported being current smokers, whereas fewer than 20% of those with a college education and earning more than $50,000 per year reported being current smokers (see Figures 3 and 4). This relationship between

income and education suggests that smoking intervention efforts be targeted at those groups predisposed to smoking behavior on the basis of both income and educational attainment.

Current smoking behavior was also characterized by race/ethnicity, marital and employment status. Smoking prevalence rates are evenly distributed among whites (31.1%) and blacks (29.1%). Fewer than 20% of Hispanics responding to the BRFSS survey reported being current smokers, whereas more than 40% of "other race groups" (including Asian-Pacific Islanders and Native Americans) reported current smoking practice. These differences suggest an important race/ethnicity factor in the self-reported smoking patterns of Nevada adults.

Smoking prevalence rates are unevenly distributed among BRFSS respondents by marital status. Forty-five percent of divorced respondents reported being current smokers, whereas 26% of married respondents reported similar smoking practices. Roughly 30% of unmarried couples, those never married and those separated or widowed reported current smoking behavior.

By employment status, roughly 50% of those unemployed reported being current smokers compared to 33% among the employed.

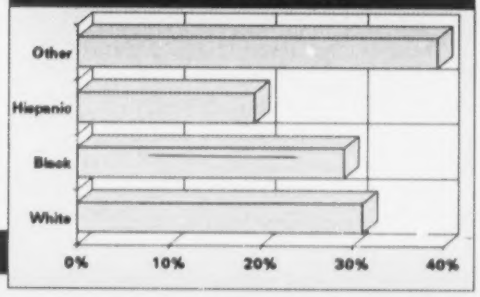
In 1990, estimates derived from the best available information suggest that smoking-attributable costs in Nevada exceed $640 million annually, or $536 per capita[2]. This makes tobacco use the most costly public health problem in Nevada today.

"From 1984-1988, Nevada white females experienced the highest age-adjusted death rate due to lung cancer nationwide"

Tobacco Risk...

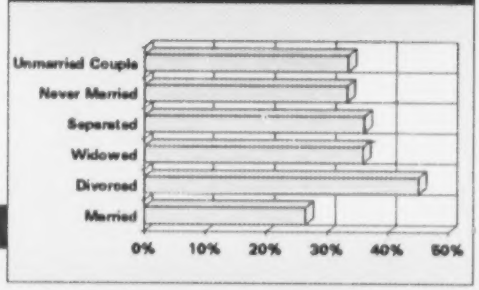
By race/ethnicity

Figure 5. Percent of Current Smokers by Race BRFSS • Nevada • 1992



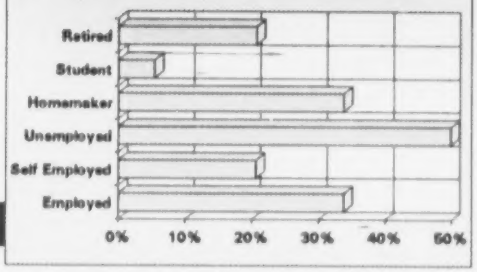
By marital status

Figure 6. Percent of Current Smokers by Marital Status BRFSS • Nevada • 1992



By employment

Figure 7. Percent of Current Smokers by Employment BRFSS • Nevada • 1992



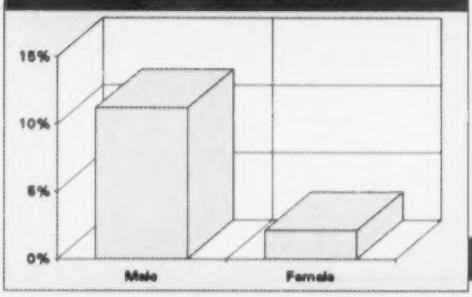
Healthy People Year 2000

Cigarette Smoking (Objective 3.4)

	Year 2000 Target	Nevada 1992
Ages ≥18 yrs	≤ 15%	30.5%
Blacks ≥18 yrs	≤ 18%	29.1%
Hispanics ≥18 yrs	≤18%	19.3%

Alcohol Risk...

Figure 8. Percent of Chronic Drinkers by Sex
BRFSS • Nevada • 1992

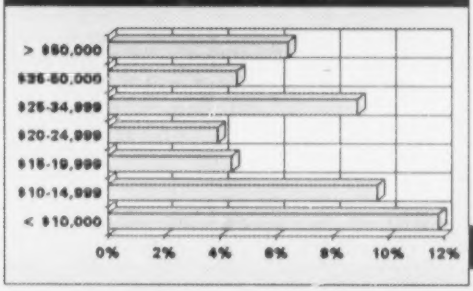


By sex

Figure 9. Percent of Chronic Drinkers by Age
BRFSS • Nevada • 1992

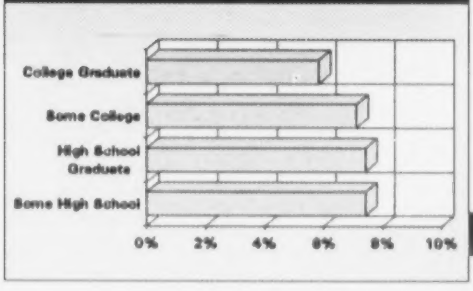
By age and sex

Figure 10. Percent of Chronic Drinkers by Income
BRFSS • Nevada • 1992



By income

Figure 11. Percent of Chronic Drinkers by Education BRFSS • Nevada • 1992



By education

Drinking

Alcohol abuse is associated with chronic liver disease, motor vehicle accidents, birth defects and significantly increases the risk of other unsafe behavior. According to recent evidence, one-third of all victims of homicides, drowning and boating accidents were intoxicated at the time of death[3]. Based on the results of the 1992 Nevada BRFSS, 11.2% of adult males and 2.1% of adult females reported chronic drinking behavior defined as having more than two drinks per day (i.e. more than 60 drinks per month) (see Figure 8).

A disproportionate number of those ages 18-24 report chronic drinking behavior (12.5%), as compared to 6.8% for all age groups combined (see Figure 9). This age pattern of alcohol use also occurs for "binge drinking" (32.3% among those ages 18-24) and "drinking and driving" (8.6% among those ages 18-24).

Based further on BRFSS results, those with annual incomes less than $10,000 also appear to be at disproportionate risk of alcohol abuse. Nearly 12% of survey respondents earning less than $10,000 annually reported chronic drinking behavior as compared to 4.6% among those earning $35,000-$50,000 per year (see Figure 10).

Consistent with income, educational attainment also appears to influence reported alcohol use by survey respondents. Slightly less than 6% of those with college level educational attainment reported chronic drinking behavior, while slightly more than 7% (25% more) of those without a high school degree reported similar drinking patterns (see Figure 11).

In 1992, more than

160 deaths due to cirrhosis and chronic liver disease occurred in Nevada; another 170 deaths due to motor vehicle accidents were reported in Nevada during the same year.

In terms of racial, marital and employment status, several notable differences in reported chronic drinking behavior were reported among various groups in the BRFSS. The percentage of whites (6.9%) and blacks (7.6%) reporting chronic drinking behavior is more than twice the percentage of chronic drinking behavior reported by Hispanics in this survey. These differences in reported drinking patterns observed based on race\ethnicity factors appear to be important predictors of risk in this survey.

Chronic drinking prevalence rates are also unevenly distributed by marital and employment status. Nearly 14% of those "never married" reported chronic drinking compared to 4.3% among those who are married, 5.7% among those widowed and 10.7% among those divorced.

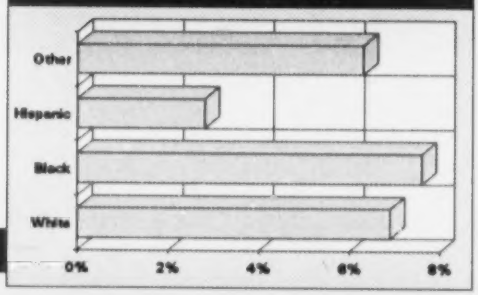
"In 1992, more than 160 deaths due to cirrhosis and chronic liver disease occurred in Nevada ...another 170 deaths due to motor vehicle accidents were reported..."

In terms of employment status, an alarming percentage (12%) of those unemployed reported chronic drinking behavior compared to those who are employed (8.1%) and those who are retired (4.4%).

Alcohol is the primary cause of chronic liver disease and cirrhosis, the eighth leading cause of death in Nevada.

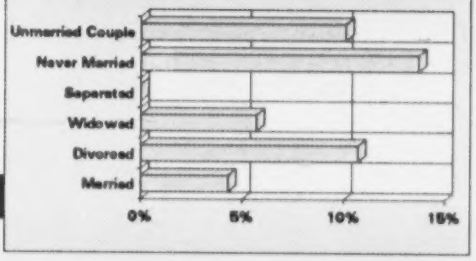
By race/ethnicity

Figure 12. Percent of Chronic Drinkers by Race BRFSS • Nevada • 1992



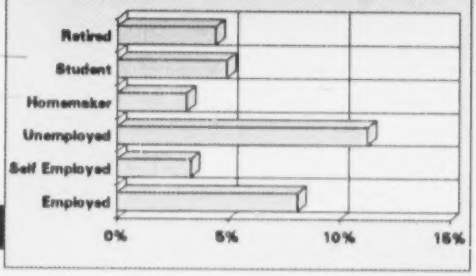
By marital status

Figure 13. Percent of Chronic Drinkers by Marital Status BRFSS • Nevada • 1992



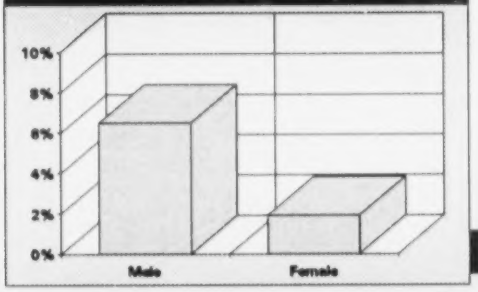
By employment

Figure 14. Percent of Chronic Drinkers by Employment BRFSS • Nevada • 1992



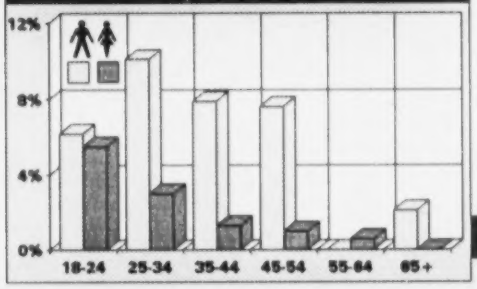
Drinking & Driving...

Figure 15. Percent of Drinkers & Drivers* by Sex
BRFSS • Nevada • 1992



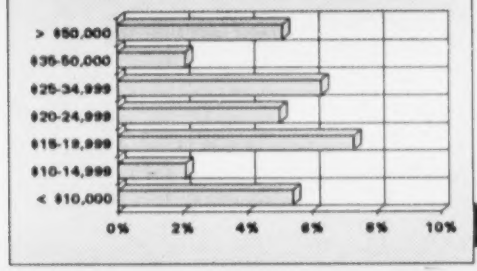
By sex

Figure 16. Percent of Drinkers & Drivers* by Age
BRFSS • Nevada • 1992



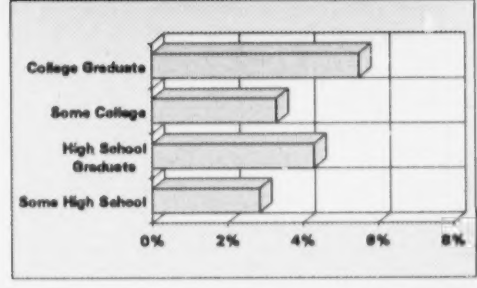
By age and sex

Figure 17. Percent of Drinkers & Drivers* by Income
BRFSS • Nevada • 1992



By income

Figure 18. Percent of Drinkers & Drivers* by Education BRFSS • Nevada • 1992



By education

*Percentage based on fewer than 50 respondents in category.

Drinking & Driving

Motor vehicle crash deaths rank among the ten leading causes of death in Nevada, claiming more than 170 lives of Nevada residents each year. Recent studies further concluded that nearly half of all fatal motor vehicle crash deaths are associated with some form of alcohol abuse[4].

Based on results of the 1992 Nevada BRFSS, 6.5% of adult males and 1.9% of adult females reported having had "too much to drink" before driving one or more times during the past month (see Figure 15). This striking difference between males and females with respect to drinking and driving is further confirmed by mortality patterns; in 1992, 129 motor vehicle deaths occurred among Nevada males compared to 46 such deaths among females.

Those ages 25-34 years reported the highest percentage of drinking and driving behavior (6.7%) of any other age group included in the BRFSS survey (see Figure 16). Among females, those ages 18-24 reported the highest percentage of drinkers and drivers.

Educational attainment appears to be as inversely associated with drinking and driving, the opposite of its relationship to smoking and chronic drinking behaviors. Figure 17 indicates an uneven distribution of those reporting drinking and driving with respect to income. With respect to education, a higher percentage (5.5%) of college graduates reported drinking and driving as compared to those without a high school diploma (3.5%). A less clear distribution is seen with respect to income; those with annual incomes in excess of $50,000

reported similar drinking and driving patterns to those with annual incomes less than $10,000 (see Figure 17).

(As an added note, all percentages for drinking and driving in Nevada are based on actual sample numbers that are very small and some caution is advised in their interpretation).

Based on further survey results, black respondents reported the highest percentage of drinking and driving (7.5%) as compared to whites (4.2%) and Hispanics (3.0%) (see Figure 19).

Marital status also appears to be associated with drinking and driving. Married and widowed respondents, for example, reported the lowest percentage (2.5% and 1% respectively) of such behavior as compared to divorced respondents (8.3%), separated respondents (9.8%) and unmarried couple respondents (8.2%). These differences suggest that marital factors may contribute to engagement in health risk behavior involving alcohol abuse.

Drinking and driving also appear to be linked to employment status. Roughly 6% of those employed and unemployed reported drinking and driving as compared to less than 1% among students, retirees and homemakers.

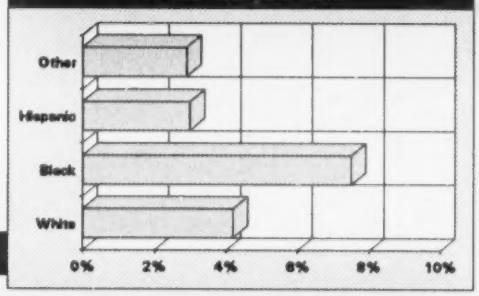
"Motor vehicle crash deaths rank among the ten leading causes of death in Nevada, claiming more than 170 lives of Nevada residents each year."

Legal intervention in the practice of drinking and driving is effective in reducing the number of alcohol-related motor vehicle fatalities. Laws governing "open containers" and "sobriety checkpoints" are known to deter the at-risk public from engaging in unsafe driving after abuse of alcohol. Also effective are increased enforcement of drunk driving laws and sanctions.

Drinking & Driving...

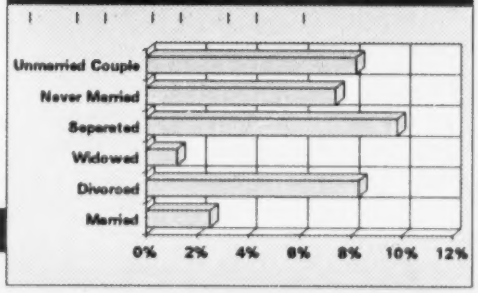
By race/ethnicity

Figure 19. Percent of Drinkers & Drivers by Race* BRFSS • Nevada • 1992



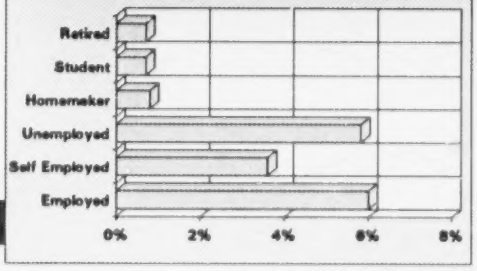
By marital status

Figure 20. Percent of Drinkers & Drivers* by Marital Status BRFSS • Nevada • 1992



By employment

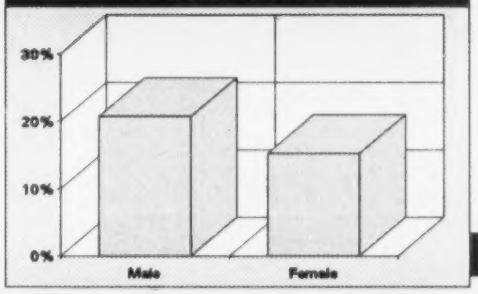
Figure 21. Percent of Drinkers & Drivers* by Employment BRFSS • Nevada • 1992



*Percentage based on fewer than 50 respondents in category.

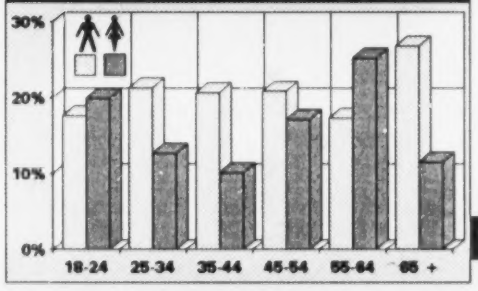
Seat belt Nonuse...

Figure 22. Percent of Seat Belt Nonusers by Sex
BRFSS • Nevada • 1992



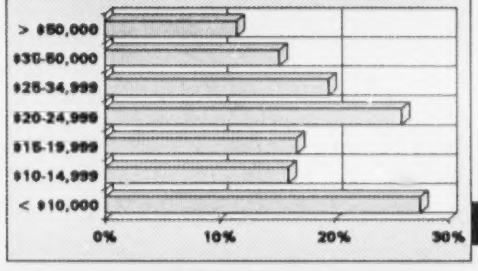
By sex

Figure 23. Percent of Seat Belt Nonusers by Age
BRFSS • Nevada • 1992



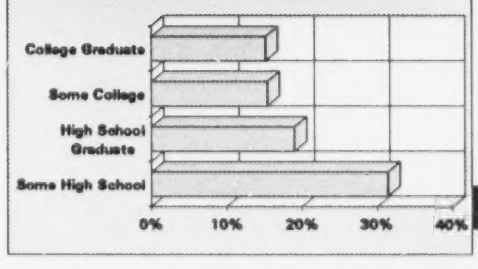
By age and sex

Figure 24. Percent of Seat Belt Nonusers by Income
BRFSS • Nevada • 1992



By income

Figure 25. Percent of Seat Belt Nonusers by Education BRFSS • Nevada • 1992



By education

Seat belt Nonuse

Seat belts save lives, minimize injuries and are required by law in some 33 states in the U.S., *including Nevada*. Based on results of the 1992 Nevada BRFSS, 20% of male respondents and 15% of female respondents reported being at risk for not using a seat belt (i.e. "sometimes", "seldom", or "never" using a seat belt when driving or riding in a car) (see Figure 22). In 1991, the Nevada "point-in-time" BRFSS showed that *26%* of adult males and *18%* of adult females were at risk for seat belt nonuse.

Nonuse of seat belts appears to be evenly distributed among all age groups (see Figure 23). However, among rural respondents ages 18-24, 36% reported seat belt nonuse as compared to 16% among Clark County residents ages 18-24 and 30% among Washoe County residents in the same age group. These urban-rural differences, although based on very small sample numbers, suggest gaps in access to public health information designed to encourage seat belt use and automobile safety.

Educational attainment and income level both appear to be strong indicators of seat belt nonuse (see Figures 24 & 25). More than 30% of those without a high school diploma reported not using a seat belt regularly compared to 15% of college graduates who reported similar unsafe behavior. This finding suggests that access to education may encourage seat belt use and similar healthy behavior known to reduce the risk of traffic-related injury.

Those earning less than $10,000 annually also reported the highest percentage

(28%) of seat belt nonuse (see Figure 25) among all income levels. The lowest percentage (11.5%) of seat belt nonuse was reported among those earning more than $50,000 annually.

These education and income level differences appear to define several demographic groups (i.e. low income and less educated) at disproportionate risk of serious or fatal injury due to motor vehicle accidents.

Racial characteristics of seat belt nonusers among BRFSS respondents also revealed important differences. Blacks, whites and Hispanics all reported roughly 15% of seat belt nonuse compared to 25% among "other race groups" (including Asian-Pacific Islanders and Native Americans) (see Figure 26).

Regarding marital status, those respondents classified as "separated" and "divorced" reported the highest percentages (39% and 27%) of seat belt nonuse in contrast to married (14.6% nonuse), widowed (19.5% nonuse) and never married (21.1% nonuse) respondents (see Figure 27). Employment status also appears to predict risk behavior in terms of seat belt nonuse. Nearly 30% of the unemployed respondents reported being at risk for seat belt nonuse, compared to less than 20% among the employed, retired, students and homemakers (see Figure 28).

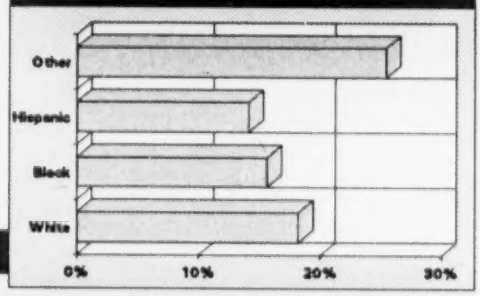
Automatic occupant protection systems (e.g. passive restraints) are now required by federal law for all passenger vehicles manufactured after 1990. Another important factor for motor vehicle safety is the use of restraints for children ages 5 and younger or who weigh under 40 pounds.

"20% of [Nevada] male respondents and 15% of female respondents reported...not using a seat belt."

Seat Belt Nonuse...

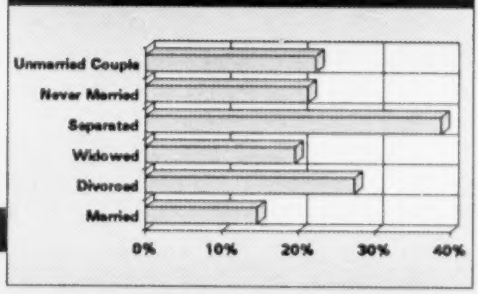
By race/ethnicity

Figure 26. Percent of Seat Belt Nonusers by Race BRFSS • Nevada • 1992



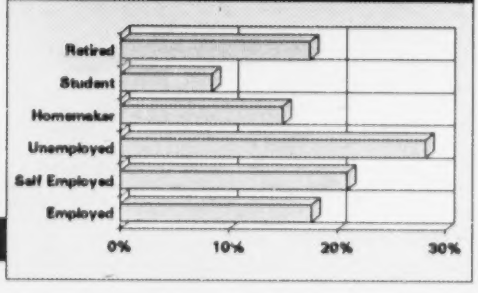
By marital status

Figure 27. Percent of Seat Belt Nonusers by Marital Status BRFSS • Nevada • 1992



By employment

Figure 28. Percent of Seat Belt Nonusers by Employment BRFSS • Nevada • 1992



Healthy People Year 2000

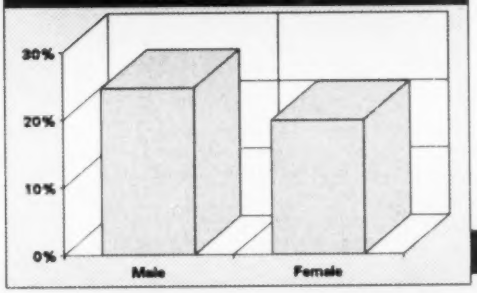
Seat Belt Use (Objective 9.12)

	Year 2000 Target	Nevada 1992
Ages ≥18 yrs	≥ 85%	81.9%
Ages ≤4 yrs	≥ 95%	n.a.

Over-weight

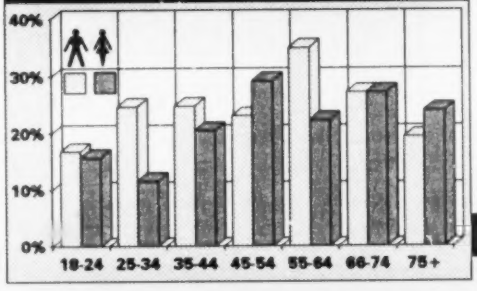
Overweight Risk...

Figure 29. Percent of Overweight by Sex
BRFSS • Nevada • 1992



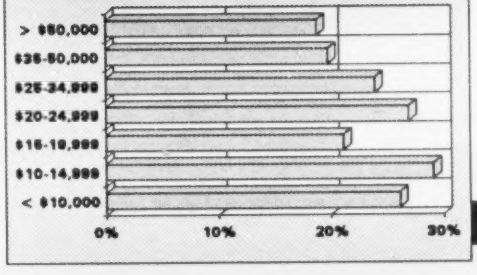
By sex

Figure 30. Percent of Overweight by Age
BRFSS • Nevada • 1992



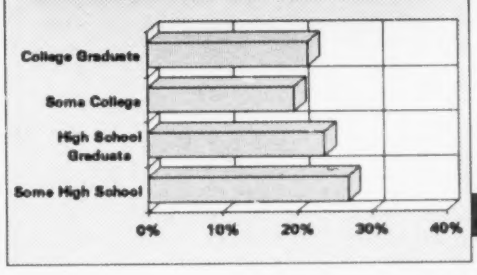
By age and sex

Figure 31. Percent of Overweight by Income
BRFSS • Nevada • 1992



By income

Figure 32. Percent of Overweight by Education
BRFSS • Nevada • 1992



By education

Being overweight is associated with increased serum cholesterol, high blood pressure, diabetes and coronary heart disease[6]. There is further evidence that being overweight may increase one's risk for certain types of cancer[7].

Based on results of the 1992 Nevada BRFSS, 25% of males and 19.9% of females are overweight (see Figure 29). Overweight status is determined by body mass index (BMI), a measure derived by dividing an individual's weight by their height squared. A body mass index equal to or greater than 27 3 for females and 27.8 for males is classified as "overweight".

Being overweight is well correlated with age: people ages 45 and older (males and females) tend to have a higher group percentage of overweight than those ages 44 years and younger (see Figure 30). As determined by the BRFSS, 35% of males ages 55-64 are overweight and 29% of females ages 45-54 are overweight. Small differences in reported overweight status between males and females may be due to bias in recalling accurate height and weight measurements during a telephone interview.

Income level appears to be related to overweight status; 30% of survey respondents earning less than $15,000 annually reported being overweight compared to less than 20% among those reporting similar overweight status and earning more than $50,000 annually (see Figure 31).

Overweight status appears to be minimally influenced by educational level. (See

Figure 32).

Overweight status does appear to be related to race and ethnicity. A higher percentage of blacks (32.5%) and Hispanics (29.3) reported being overweight as compared to whites (21.3%) and "other" races (17.3%). The Healthy People 2000 objectives for overweight status set as a target no more than 20% of the adult population reporting being overweight (see Year 2000 box below).

Although based on very small sample number, the prevalence (47.3) of overweight status among separated respondents is more than double the prevalence for all other respondents (22.3%). Race, marital status and age all appear to be good predictors of overweight status, based on the results of the Nevada 1992 BRFSS.

Also correlated with overweight status is employment. Those respondents "out of work for more than one year" reported the highest percentage (35.8%) of overweight as compared to those reporting being employed (20.8%), students (11.5%), and homemakers (16.9%).

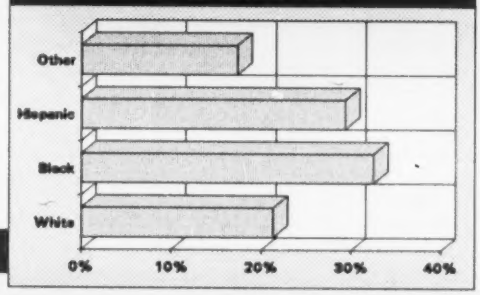
As reported from results of the 1991 'point-in-time' BRFSS, weight control efforts due to overweight status continue to be prevalent among our sample of Nevada adults: 43% of Nevada females and 29% of Nevada males reported in the 1992 BRFSS attempts to lose weight through a variety of weight control measures (dieting, exercising, and combinations of both).

"...25 % of [Nevada] males and 20% of [Nevada] females are overweight ...being overweight may increase one's risk for certain types of cancer..."

Overweight Risk...

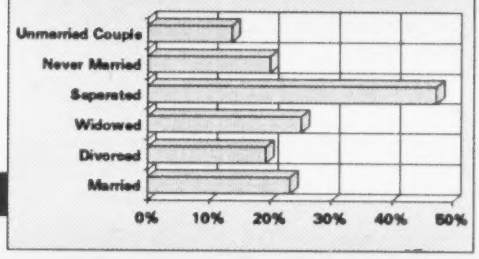
By race/ethnicity

Figure 33. Percent of Overweight by Race
BRFSS • Nevada • 1992



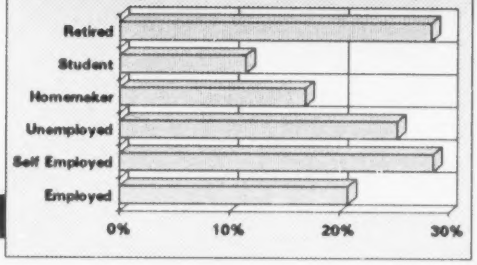
By marital status

Figure 34. Percent of Overweight by Marital Status BRFSS • Nevada • 1992



By employment

Figure 35. Percent of Overweight by Employment
BRFSS • Nevada • 1992



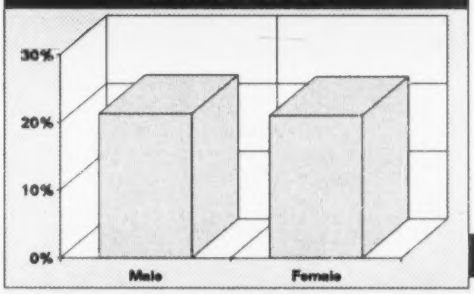
Healthy People Year 2000

Overweight (Objective 1.2)

	Year 2000 Target	Nevada 1992
Ages ≥18 yrs	≤ 20%	22.3%

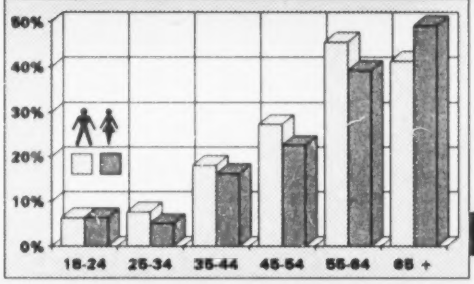
Hypertension Risk...

Figure 36. Percent of Hypertensives by Sex
BRFSS • Nevada • 1992



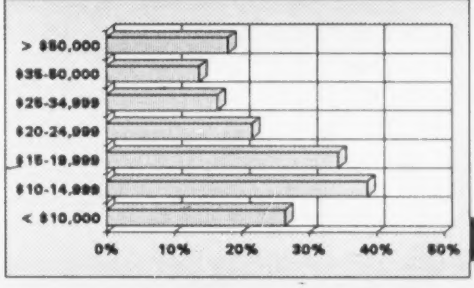
By sex

Figure 37. Percent of Hypertensives by Age
BRFSS • Nevada • 1992



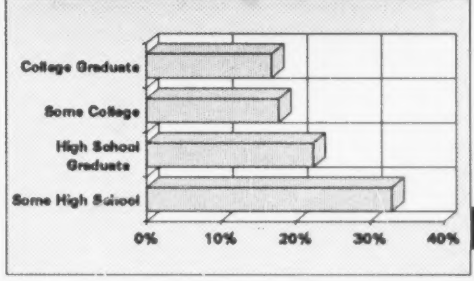
By age and sex

Figure 38. Percent of Hypertensives by Income
BRFSS • Nevada • 1992



By income

Figure 39. Percent of Hypertensives by Education BRFSS • Nevada • 1992



By education

Hypertension

High blood pressure (blood pressure equal to or greater than 140 mm Hg systolic and/or 90 mm Hg diastolic and/or taking antihypertensive medication) is a known risk factor for stroke, renal disease and cardiovascular disease[6]. Recent estimates suggest that as many as ***30%*** of the adult population in the United States are hypertensive[6].

Based on results of the 1992 BRFSS, 21% of Nevada male and female adults report being told at some time that they had high blood pressure (see Figure 36).

Of all the risk factors measured by the 1992 BRFSS, hypertension appears to be most correlated with age of respondent. Age groups reporting the highest percentage of hypertension include those ages 55-64 (42.2%) and those ages 65 and over (45.5%) (see Figure 36); the lowest percentage of hypertension continues to be reported among those ages 18-24 (6.3%) and those ages 25-34 (6.4%). This age distribution with respect to hypertension is similar to other surveys which show a strong relationship between age and high blood pressure.

Household income also appears to be related to hypertension. Those respondents reporting household incomes of $35,000-$50,000 also reported the lowest prevalence of hypertension when compared to those with household incomes of $10,000-$14,999 (38.6%), $15,000-$19,999 (34.2%) and those earning less than $10,000 (26.4%) (see Figure 38).

Educational attainment also appears to be a marker for hypertension. More than 30% of those without a high school

degree reported being hypertensive compared to less than 20% among college and post college-educated respondents in this survey (see Figure 39).

As reported in other surveys, blacks are at disproportionate risk of having high blood pressure. In the 1992 Nevada BRFSS, 29% of black respondents reported being told they were hypertensive compared to 21% among white respondents, 21% among Hispanics and 17% among all other race groups (see Figure 40). The sample sizes used to measure the prevalence of hypertension among race and ethnic groups are too small to be completely reliable.

Those reporting high blood pressure can be similarly characterized by marital status and employment. Widows report the highest percentage of hypertension (45%), compared to those separated (28%), married (21%), divorced (20%), and those never married (15%).

Employment status also appears to predict high blood pressure. Among retired persons, 47% reported ever being told they were hypertensive, compared to 15% among those employed (see Figure 42). Because employment status and age are interrelated, the high percentage of retired persons reporting hypertensive disease is most likely due to age.

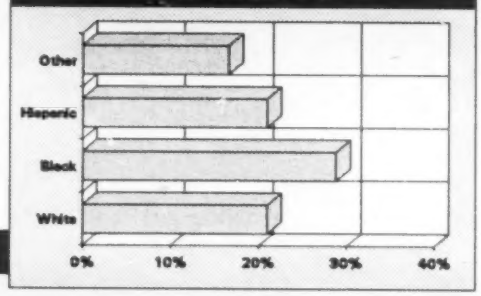
Recent national surveys further indicate that 54% of hypertensive adults know of their status, and only 11% of these had their blood pressure under control through treatment.

"Recent estimates suggest that as many as *30%* of the adult population in the United States has high blood pressure."

Hypertension Risk...

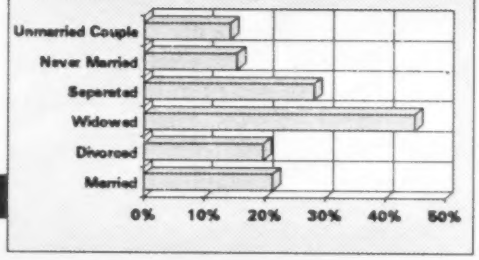
By race/ethnicity

Figure 40. Percent of Hypertensives by Race
BRFSS • Nevada • 1992



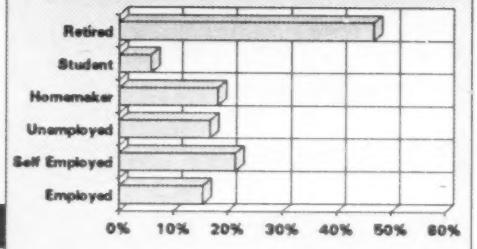
By marital status

Figure 41. Percent of Hypertensives by Marital Status BRFSS • Nevada • 1992



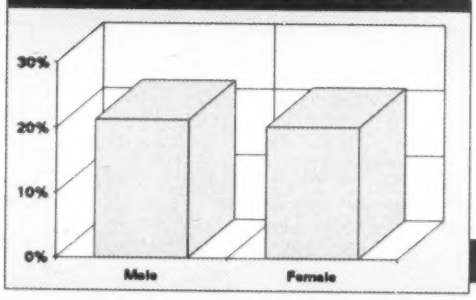
By employment

Figure 42. Percent of Hypertensives by Employment BRFSS • Nevada • 1992



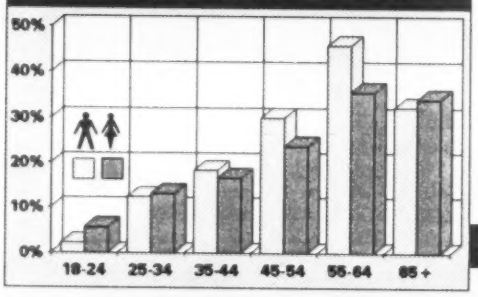
Cholesterol Risk...

Figure 43. Percent with Known Serum Cholesterol Elevation by Sex • BRFSS • Nevada • 1992



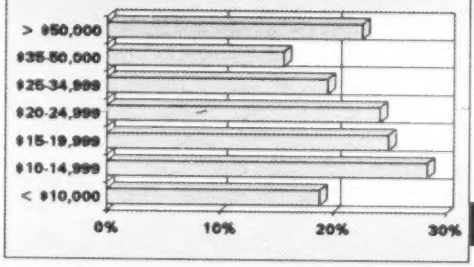
By sex

Figure 44. Percent with Known Serum Cholesterol Elevation by Age • BRFSS • Nevada • 1992



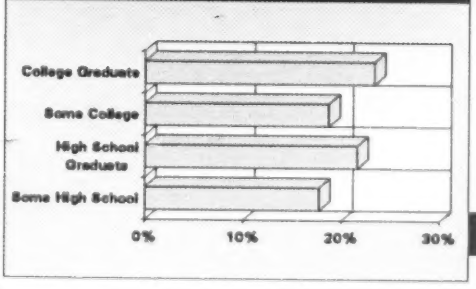
By age and sex

Figure 45. Percent with Known Serum Cholesterol Elevation by Income • BRFSS • Nevada • 1992



By income

Figure 46. Percent with Known Serum Cholesterol Elevation by Education • BRFSS • Nevada • 1992



By education

Cholesterol

Elevated serum cholesterol is a leading risk factor for coronary heart disease. This finding is based on studies of large populations followed for long periods of time[6]. Specifically, the risk of coronary heart disease was demonstrated to increase with increasing serum cholesterol levels.

Based on results of the 1992 Nevada BRFSS, 21% of adult males and 20% of adult females are aware that their serum cholesterol level is high (levels ≥ 200 mg/dl) based on being told so by a health professional (see Figure 43). Among various age groups, those ages 55-64 reported the highest prevalence of elevated serum cholesterol (40.8%) as compared to those ages 18-24 (3.9%) (see Figure 43). The disproportionate percentage of those over age 55 reporting elevated serum cholesterol is due partially to the larger percentage of those age groups who have been recently screened for serum cholesterol. For example, based on 1992 Nevada BRFSS results, 82% of those ages 55 and over reported being screened within the past five years, as compared to only 31% among those ages 18-24.

The prevalence of elevated serum cholesterol levels is highest (28.3%) among those with annual incomes of $10,000-$15,000 and lowest among those with $35-50,000 income levels (see Figure 45). A moderately higher prevalence of elevated serum cholesterol was reported by those with a college education (22%) compared to 18% among those without a high school education. This difference could be attributed to a high

percentage of those with a college education being screened for serum cholesterol.

With respect to race and ethnicity, "other races" reported the highest prevalence (23%) of elevated serum cholesterol (see Figure 47), compared to blacks (16%) and Hispanics (15%).

cholesterol based on screening, whereas less than 15% of "never married" respondents reported elevated serum cholesterol levels.

As might be expected, those reporting "retired" employment status reported the highest prevalence (37%) (see Figure 49) of high

"...21% of adult males and 20% of adult females are aware that their serum cholesterol level is high based on being told so by a health professional."

(Sample numbers are based on too few respondents to interpret prevalence by race reliably). Again, these moderate differences may reflect a *smaller percentage* of blacks and Hispanics being screened for serum cholesterol and knowing of any elevations in their level.

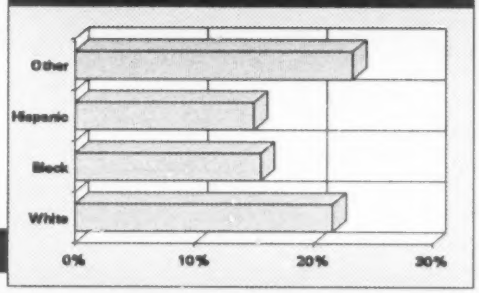
Similarly, more than 20% of widowed, divorced and married respondents reported elevated serum

serum cholesterol level, compared to 16% among those employed. This difference is due to the competing effect of age (see Figure 44) as much as to employment status.

Nationwide, almost 25% of adult Americans (60 million) have elevated serum cholesterol levels (211 mg/dL for women and 215 mg/dL for men).

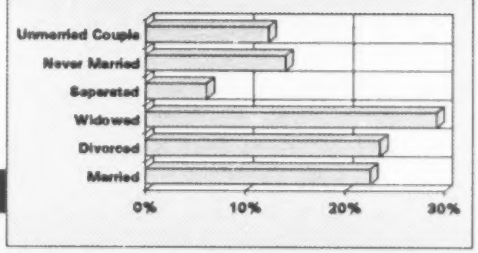
By race/ethnicity

Figure 47. Percent with Known Serum Cholesterol Elevation by Race • BRFSS • Nevada • 1992



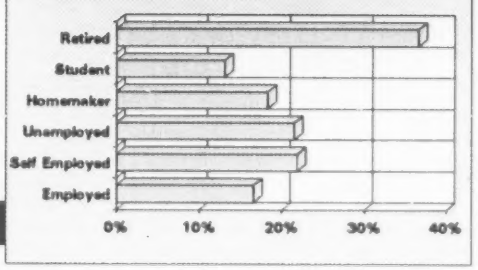
By marital status

Figure 48. Percent with Known Serum Cholesterol Elevation by Marital Status • BRFSS • Nevada • 1992



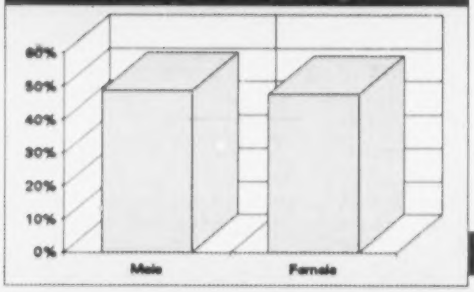
By employment

Figure 49. Percent with Known Serum Cholesterol Elevation by Employment • BRFSS • Nevada • 1992



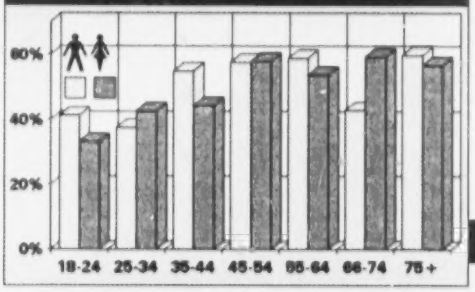
Sedentary Life-style Risk...

Figure 50. Percent with Sedentary Life-style by Sex • BRFSS • Nevada • 1992



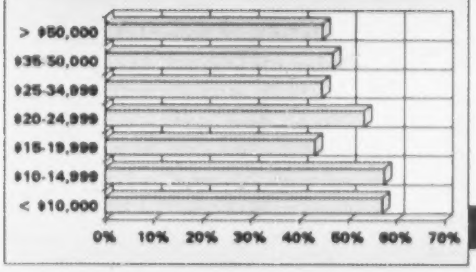
By sex

Figure 51. Percent with Sedentary Life-style by Age • BRFSS • Nevada • 1992



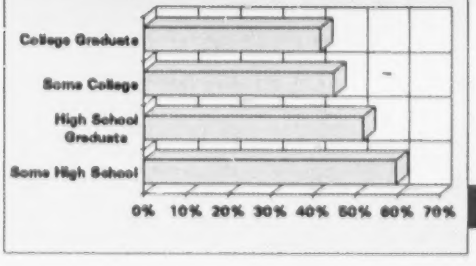
By age and sex

Figure 52. Percent with Sedentary Life-style by Income • BRFSS • Nevada • 1992



By income

Figure 53. Percent with Sedentary Life-style by Education • BRFSS • Nevada • 1992



By education

Sedentary Life-style

The benefits of physical fitness have been demonstrated in recent studies on health. Regular exercise can help to prevent coronary heart disease, hypertension, obesity and mental health problems such as depression and anxiety[9]. The Healthy People 2000 objective is to decrease the percentage of adults engaging in "no liesure time physical activity" to 15%.

Based on results of the 1992 Behavioral Risk Factor Survey, 49% of adult Nevada males and 48% of females reported a sedentary life-style (defined as no activity or a physical activity or pair of activities that were done for 20 minutes or less, or fewer than three times per week) (see Figure 50).

The prevalence of sedentary life-style appears to increase with age: nearly 60% of those ages 45-64 reported sedentary life-style compared to less than 40% among those ages 18-24 (see Figure 51).

The less educated and those with lower incomes also reported an increased prevalence of sedentary life-style. As shown in Figure 52, 45% of those earning more than $50,000 reported sedentary life-style, compared to 57% among those earning less than $10,000 annually. Similarly, 60% of those with less than a high school education reported sedentary life-style, whereas roughly 40% of those with a college education reported the same sedentary behavior. These differences in education and income level with respect to sedentary behavior are based on adequate sample numbers to provide reliable prevalence estimates for the adult population of Nevadans.

Sedentary behavior

is evenly distributed among racial, marital and employment status groups. "Other race group" reported a slightly higher percentage of sedentary life-style (56%) compared to whites (48%) and blacks (47%) (see Figure 54).

Similarly small differences in sedentary behavior were reported with respect to marital status. Widowed respondents reported a moderately higher percentage (56%) of sedentary behavior compared to those never married (41%), married (49%) and unmarried couples (48%). To the extent regular physical exercise is of benefit in the control of weight and blood pressure, similar trends for these related risk factors with respect to marital status and other demographic characteristics should be notable. In fact, widowed respondents reported the second highest prevalence of overweight (25%) and the highest percentage for both hypertension (45%) and sedentary life-style.

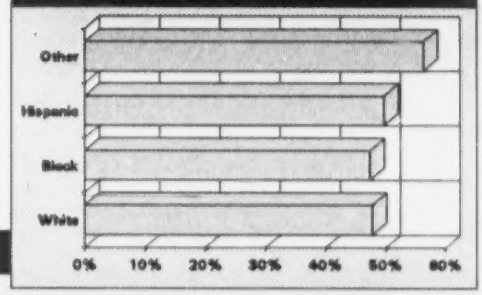
The association between physical fitness and health is complex. Recent findings suggest that even 'light to moderate' physical exercise can help reduce the risk for coronary heart disease[10] Such exercise, at reduced intensity and duration, is also more easily tolerated by the majority of people. The U.S. Public Health Service, in setting health objectives for the Year 2000, have therefore emphasized an increase in 'light to moderate' physical activity and a decrease in sedentary life-style. Based on the results of the 1992 Nevada BRFSS, a slightly higher percentage of adult respondents (48.2%), reported sedentary life-style as compared to 36% reporting 'light to moderate' activity.

"...nearly 60% of those ages 45-64 reported sedentary life-style compared to less than 40% among those ages 18-24."

Sedentary Life-style Risk...

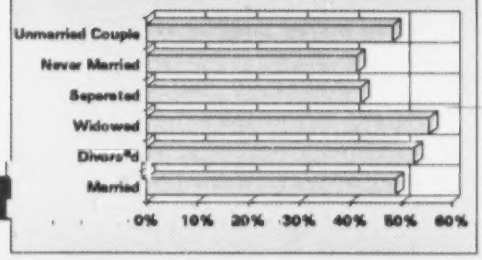
By race/ethnicity

Figure 54. Percent with Sedentary Life-style by Race • BRFSS • Nevada • 1992



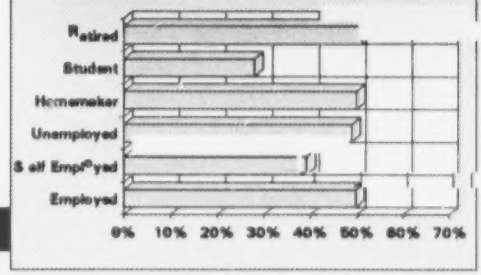
By marital status

Figure 55. Percent with Sedentary Life-style by Marital Status • BRFSS • Nevada • 1992



By employment

Figure 56. Percent with Sedentary Life-style by Employment • BRFSS • Nevada • 1992



Healthy People Year 2000

No Leisure Time Physical Activity (Objective 1.5)

	Year 2000 Target	Nevada 1992
Ages ≥ 18 yrs	≤ 15%	23.7%
Ages ≥ 65 yrs	≤ 17%	37.3%

Smoking Attributable Mortality

Smoking kills an estimated 2,100 Nevadans each year. Cancer, heart disease, lung disease, perinatal deaths and burn injuries are among the causes of early death attributable to smoking. The death toll due to tobacco smoking is especially high for lung cancer. Nearly 400 men and 164 women die each year in Nevada due to smoking-induced lung cancer (*see Table Below*). These deaths are fully preventable given a significant reduction in smoking practices among men and women.

Smoking also contributes to perinatal deaths due to low birth weight, respiratory distress and sudden infant death syndrome. These estimates indicate that tobacco-attributable diseases are the single-most preventable causes of premature death today.

Relative risks (RR) for death attributed to smoking and smoking-attributable mortality (SAM) for current and former smokers, by disease category and sex. United States, 1988 and Nevada, 1989.

DIAGNOSES[1]	MEN[2] RELATIVE RISK Current Smokers	MEN[2] RELATIVE RISK Former Smokers	MEN 1988 U.S. SAM[3]	MEN 1989 NEVADA SAM	WOMEN[2] RELATIVE RISK Current Smokers	WOMEN[2] RELATIVE RISK Former Smokers	WOMEN 1988 U.S. SAM[3]	WOMEN 1989 NEVADA SAM
CANCER								
LIP, ORAL CAVITY, PHARYNX	27.5	8.8	4,942	18	5.6	2.9	1,460	6
ESOPHAGUS	7.6	5.8	5,478	28	10.3	3.2	1,609	9
PANCREAS	2.1	1.1	2,775	20	2.3	1.8	3,345	13
LARYNX	10.5	5.2	2,401	11	17.8	11.9	589	4
TRACHEA, LUNG, BRONCHUS	22.4	9.4	78,932	380	11.9	4.7	33,053	164
CERVIX UTERI	n.a.	n.a.	n.a.	n.a.	2.1	1.9	1,246	8
URINARY BLADDER	2.9	1.9	2,951	15	2.6	1.9	963	4
KIDNEY, OTHER URINARY	3.0	2.0	2,729	17	1.4	1.2	363	2
CARDIOVASCULAR DISEASE								
HYPERTENSION	1.9	1.3	3,441	48	1.7	1.2	2,254	21
ISCHAEMIC HEART DISEASE								
PERSONS AGED 35-64 YRS	2.8	1.8	29,263	111	3.0	1.4	9,105	30
PERSONS AGED 65 YRS AND OVER	1.6	1.3	41,821	125	1.6	1.3	27,990	72
OTHER HEART DISEASES	1.9	1.3	27,503	200	1.7	1.2	14,638	98
CEREBROVASCULAR DISEASE								
PERSONS AGED 35-64 YRS	3.7	1.4	5,121	30	4.8	1.4	4,504	16
PERSONS AGED 65 YRS AND OVER	1.9	1.3	11,554	44	1.5	1.0	5,134	26
ATHEROSCLEROSIS	4.1	2.3	4,644	19	3.0	1.3	3,612	11
AORTIC ANEURYSM	4.1	2.3	5,796	25	3.0	1.3	1,435	9
OTHER ARTERIAL DISEASE	4.1	2.3	1,874	4	3.0	1.3	1,111	2
LUNG DISEASE								
PNEUMONIA, INFLUENZA	2.0	1.6	11,580	52	2.2	1.4	8,098	37
BRONCHITIS, EMPHYSEMA	9.7	8.8	9,670	40	10.5	7.0	5,269	21
CHRONIC OBSTRUCTIVE LUNG DISEASE	9.7	8.8	29,838	204	10.5	7.0	16,884	139
OTHER RESPIRATORY DISEASES	2.0	1.6	828	3	2.2	1.4	690	2
PERINATAL DEATHS								
PRE-GESTATION/LOW BIRTH WEIGHT	1.8	1.8	344	1	1.8	1.8	261	2
RESPIRATORY DISTRESS SYNDROME	1.8	1.8	351	1	1.8	1.8	233	1
RESPIRATORY CONDITIONS	1.8	1.8	384	0	1.8	1.8	277	0
SUDDEN INFANT DEATH SYNDROME	1.5	1.5	422	4	1.5	1.5	280	2
OTHER								
BURN DEATHS	n.a.	n.a.	850	11	n.a.	n.a.	453	4
ALL CAUSES	n.a.	n.a.	285,494	1,411	n.a.	n.a.	144,856	703

[1] DEATHS DO NOT INCLUDE PASSIVE SMOKING-RELATED DEATHS
[2] BASED ON SMOKING ATTRIBUTABLE FRACTIONS
[3] SOURCE: OFFICE ON SMOKING AND HEALTH, CENTERS FOR DISEASE CONTROL

Women's Health Screening in Nevada:

- Breast Cancer Screening
- Cervical Cancer Screening

Breast Cancer Screening

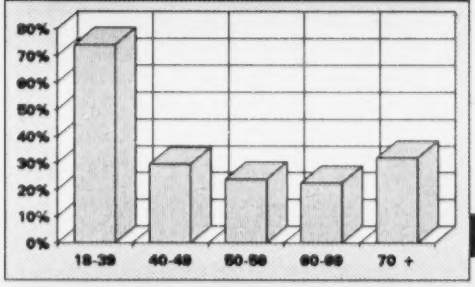
More than 600 women in Nevada are diagnosed with breast cancer each year, making this the most common site of cancer among women, followed by cancer of the lung, colon, and bladder[10].

Based on results of the 1992 BRFSS, 27% of adult Nevada females ages 40 and over have *never* received mammography screening (see Figure 57). Current recommendations made by the U.S. Preventive Health Services Task Force suggest: "All women over age 40 should receive an annual clinical breast examination. Mammography every 1 to 2 years is recommended for all women beginning at age 50 and concluding at age 75 unless pathology has been detected."[12]

The distribution of Nevada women never screened by mammography appears to be associated with both income level and educational attainment. As shown in Figure 58, 41% of women reporting annual income levels of $50,000 or more have never received mammography screening, compared to 60% among women with $20-25,000 income levels.

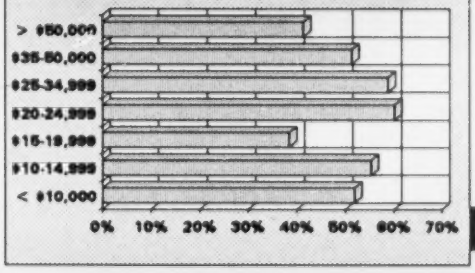
With respect to educational attainment, 46% of Nevada college-educated women reported never receiving mammography, compared to 53% among those with a high school education.

Figure 57. Percent Never Had Mammogram by Age BRFSS • Nevada • 1992



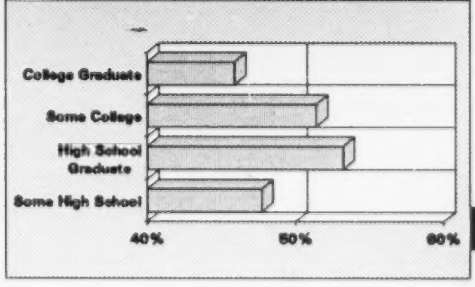
By age

Figure 58. Percent Never Had Mammogram by Income BRFSS • Nevada • 1992



By income

Figure 59. Percent Never Had Mammogram by Education BRFSS • Nevada • 1992



By education

The U.S. Public Health Service Objective (*Healthy People 2000*), is to increase the percentage of women ages 40 and over who have "ever been screened" by mammography to at least 80%. The current percentage of "ever screened" among Nevada women ages 40 and over is 73%.

The percentage of Nevada women who have "never" received mammography is unevenly distributed among race and ethnicity groups. As shown in Figure 60, 57% of Hispanic women of all ages reported never being screened by mammography, compared to 49% among white and black women. Among women classified as "other races", 64% of women of all ages reported never being screened by mammography. (Screening prevalence rates by race/ethnicity) using women ages 40 and over as the denominator are based on too small sample numbers to be interpreted reliably). Based also on BRFSS results, 22% of His-panic women also reported not having any health care plan, compared to 17% without any health care plan among white female respondents. These findings suggest that health care access barriers may prevent some "at risk" women from receiving preventive health services, such as mammography screening, when such services are recommended.

Among women ages 40 and over, 25% of married women compared to 32% of divorced women reported never receiving mammography screening (see Figure 61). Homemakers and the unemployed also reported a higher percentage of risk (see Figure 62).

"Mammography every 1 to 2 years is recommended for all women beginning at age 50 and concluding at age 75..."

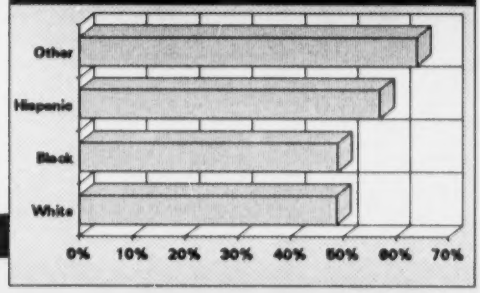
Healthy People Year 2000

Ever Had Clinical Breast Exam and Mammogram (Objective 16.11)

	Year 2000 Target	Nevada 1992
Women ≥ 40 yrs	≥ 80%	73.0%

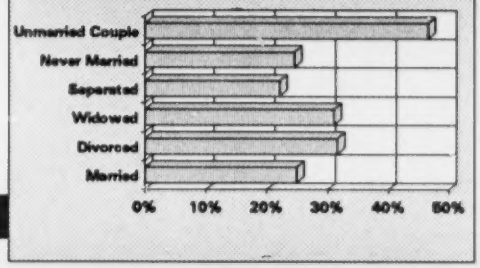
By race

Figure 60. Percent Never Had Mammogram by Race BRFSS • Nevada • 1992



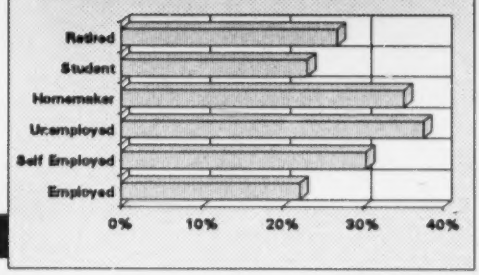
By marital status

Figure 61. Percent Never Had Mammogram by Marital Status BRFSS • Nevada • 1992



By employment

Figure 62. Percent Never Had Mammogram by Employment Status BRFSS • Nevada • 1992



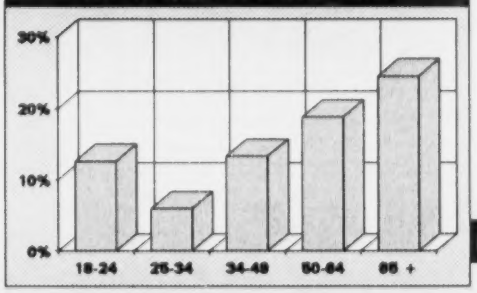
Cervical Cancer Screening

Recent studies have shown that Pap testing is effective in reducing mortality due to cervical cancer by as much as 75%[11]. According to many experts, declining trends in cervical cancer mortality in the U.S. from 1970 to 1980 is attributable to the widespread availability of Pap testing for early detection of cervical cancer.

Based on 1992 Nevada BRFSS results, 12.9% of women ages 18 and older with intact cervixes did not receive Pap screening within the past two years. As shown in Figure 63, recent Pap testing among Nevada women is unevenly distributed by age group. Those women ages 65 and older are least likely to receive regular Pap testing, followed by women ages 50-64, 35-49 and 25-34.

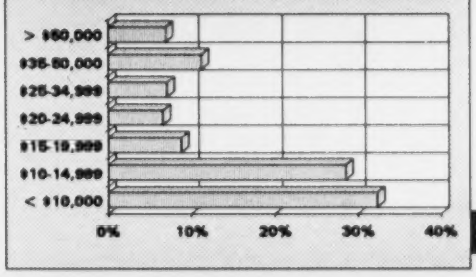
Also least likely to receive regular Pap testing are those with the lowest level of educational attainment (see Figure 65). For example, roughly 25% of women without high school educational attainment had not received Pap testing within the past two years, compared to less than 5% untested among those with a college education. Similarly, more than 30% of adult women earning less than $10,000 annually were unscreened, compared to less than 10% unscreened among women earning more than $50,000 annually. These findings suggest that income and education both appear to block access to preventive health

Figure 63. Percent Unscreened (Pap) Within Past 2 Years by Age BRFSS • Nevada • 1992



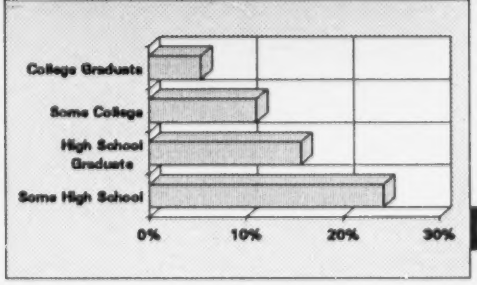
By age

Figure 64. Percent Unscreened (Pap) Within Past 2 Years by Income BRFSS • Nevada • 1992



By income

Figure 65. Percent Unscreened (Pap) Within Past 2 Years by Education BRFSS • Nevada • 1992



By education

services such as Pap testing in Nevada. These same gaps in access to Pap testing were recently identified in the 1987 National Health Interview Survey results, where low income, advancing age and low educational attainment were all shown to decrease the likelihood of regular Pap testing.

The benefits of Pap testing in Nevada are confirmed by Cancer Registry data which reports stage of disease at diagnosis. More than 60% of newly diagnosed cases of cervical cancer were detected at the earliest stage compared to less than 10% diagnosed at advanced stages of disease[13]. This finding indicates that a disproportionate number of cervical cancer cases in Nevada are detected early when treatment is most effective and successful, further demonstrating the value of Pap testing at regular 1-3 year intervals for all adult women.

With respect to marital status, women who are widowed (27%) or separated (22%) reported the highest prevalence of not being Pap tested during the past two years, compared to 12% among married women and 14% among women who have never been married (see Figure 67).

Employment status also appears to influence Pap testing status. More than 25% of unemployed women reported not being screening with Pap testing in the past 2 years, compared to less than 10% unscreened among employed women and homemakers. More than 20% of students and retired women also reported not being Pap tested within the past two years.

"...income and education both appear to block access to preventive health services such as Pap testing in Nevada."

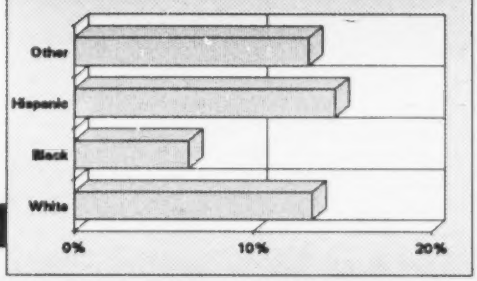
Healthy People Year 2000

Pap Smear with Intact Uterine Cervix (within past 2 yrs) (Objective 16.12)

	Year 2000 Target	Nevada 1992
Women ≥ 18 yrs	≥ 85%	77.6%
Women ≥ 70 yrs	≥ 70%	49.4%
Hispanics ≥ 18 yrs	≥ 80%	84.0%

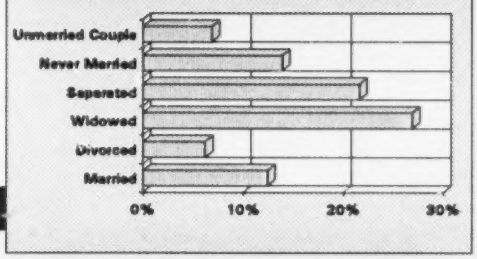
By race

Figure 66. Percent Unscreened (Pap) Within Past 2 Years by Race BRFSS • Nevada • 1992



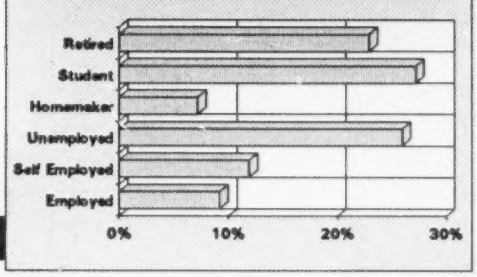
By marital status

Figure 67. Percent Unscreened (Pap) Within Past 2 Yrs by Marital Status BRFSS • Nevada • 1992



By employment

Figure 68. Percent Unscreened (Pap) Within Past 2 Years by Employment BRFSS • Nevada • 1992



1992 Behavioral Risk Factor Surveillance System Summary Prevalence Report By State

Behavior Risk Factor Surveillance System • Centers for Disease Control and Prevention

STATE[1]	SAMPLE SIZE	SEAT BELT NONUSE	HYPER-TENSION	SED-ENTARY LIFESTYLE	CURRENT SMOKERS	CHRONIC DRINKING	DRINK-ING & DRIVING	HIGH CHOL-ESTEROL	NO HEALTH CARE PLAN	OVER-WEIGHT
ALABAMA	2,160	16.24%	20.46%	49.41%	21.91%	1.81%	2.01%	14.60%	15.15%	22.71%
ALASKA	1,536	17.29%	17.03%	48.26%	28.83%	5.25%	2.80%	17.18%	12.23%	24.40%
ARIZONA	1,847	11.16%	20.84%	64.51%	19.51%	1.86%	1.39%	15.59%	21.11%	19.50%
CALIFORNIA	3,988	10.67%	20.57%	50.89%	20.10%	4.33%	2.28%	17.22%	20.39%	22.32%
COLORADO	1,800	17.35%	17.43%	48.22%	23.83%	4.57%	2.88%	17.22%	14.19%	17.33%
CONNECTICUT	1,798	16.89%	22.68%	56.74%	22.30%	2.30%	2.86%	20.55%	8.54%	20.02%
DELAWARE	1,510	14.13%	21.61%	55.11%	27.88%	3.61%	2.10%	19.37%	11.67%	25.12%
DIST. OF COLUMBIA	1,501	18.25%	20.21%	61.03%	19.74%	2.91%	1.98%	16.46%	18.84%	24.76%
FLORIDA	2,719	15.57%	21.78%	52.86%	22.61%	4.80%	2.38%	20.41%	17.70%	24.23%
GEORGIA	1,964	16.33%	18.74%	66.00%	19.39%	1.80%	0.83%	14.56%	14.93%	23.51%
HAWAII	1,943	3.99%	19.34%	55.93%	19.93%	5.69%	2.91%	19.16%	6.83%	19.86%
IDAHO	1,796	23.46%	18.62%	50.93%	19.42%	2.51%	1.76%	15.44%	18.70%	23.22%
ILLINOIS	2,157	18.60%	19.84%	59.48%	24.70%	2.71%	2.11%	16.04%	13.20%	26.10%
INDIANA	2,371	25.99%	24.67%	57.86%	27.55%	3.09%	2.22%	20.77%	11.22%	26.54%
IOWA	1,728	16.70%	20.96%	62.16%	20.05%	2.60%	2.20%	18.43%	9.97%	26.86%
KANSAS	1,440	27.78%	21.41%	49.67%	22.95%	2.54%	3.07%	17.87%	13.23%	25.50%
KENTUCKY	2,159	31.94%	25.26%	67.23%	28.43%	2.03%	0.92%	18.68%	16.42%	27.34%
LOUISIANA	1,662	21.91%	21.09%	63.79%	24.70%	3.07%	2.91%	16.55%	23.07%	28.62%
MAINE	1,260	38.16%	21.69%	58.72%	23.81%	2.22%	0.75%	15.60%	11.61%	23.64%
MARYLAND	2,182	12.51%	20.09%	61.99%	20.85%	2.47%	0.85%	17.22%	11.38%	24.49%
MASSACHUSETTS	1,463	38.77%	20.23%	46.23%	23.55%	4.47%	3.29%	20.27%	9.59%	23.01%
MICHIGAN	2,411	14.91%	23.02%	54.80%	25.28%	4.67%	3.78%	18.80%	12.29%	29.03%
MINNESOTA	3,419	19.31%	21.46%	52.47%	22.03%	4.33%	3.73%	19.41%	8.83%	24.36%
MISSISSIPPI	1,574	36.57%	27.91%	67.76%	24.49%	2.52%	2.25%	18.51%	18.81%	29.69%
MISSOURI	1,509	20.97%	23.65%	59.42%	23.66%	3.24%	2.38%	17.94%	16.94%	27.32%
MONTANA	1,188	24.26%	20.18%	54.21%	19.25%	2.19%	2.91%	17.07%	16.16%	23.31%
NEBRASKA	1,626	45.47%	20.65%	58.34%	17.71%	2.74%	3.78%	14.78%	11.36%	23.21%
NEVADA	**1,634**	**17.99%**	**21.18%**	**48.17%**	**30.74%**	**6.76%**	**4.22%**	**20.84%**	**17.46%**	**22.34%**
NEW HAMPSHIRE	1,500	36.55%	19.69%	49.75%	23.20%	3.19%	3.51%	20.08%	12.54%	22.86%
NEW JERSEY	1,488	15.67%	21.38%	57.68%	20.22%	2.32%	1.98%	19.61%	10.56%	20.48%
NEW MEXICO	1,188	9.63%	14.66%	56.52%	20.36%	2.81%	2.36%	17.26%	25.43%	21.81%
NEW YORK	2,373	19.38%	20.90%	62.15%	22.87%	2.93%	1.28%	18.41%	15.15%	24.69%
NORTH CAROLINA	2,140	12.72%	18.35%	60.39%	26.74%	3.49%	0.65%	18.44%	13.21%	24.37%
NORTH DAKOTA	1,800	48.13%	19.30%	55.87%	23.15%	2.41%	3.34%	19.12%	13.06%	27.58%
OHIO	1,293	21.87%	20.81%	63.45%	23.93%	3.18%	1.60%	15.18%	14.04%	26.21%
OKLAHOMA	1,511	21.19%	23.49%	64.55%	26.68%	1.87%	1.79%	16.75%	20.01%	26.14%
OREGON	3,365	9.14%	19.82%	47.48%	21.14%	4.09%	1.76%	18.91%	18.40%	24.27%
PENNSYLVANIA	2,405	25.07%	22.52%	57.04%	24.70%	4.37%	3.03%	18.74%	8.56%	27.72%
RHODE ISLAND	1,808	42.23%	22.09%	50.21%	22.52%	5.50%	3.11%	19.08%	10.12%	23.11%
SOUTH CAROLINA	2,022	16.04%	23.99%	67.40%	27.76%	2.19%	2.51%	17.66%	16.12%	25.32%
SOUTH DAKOTA	1,800	51.64%	17.72%	82.06%	22.42%	2.62%	2.74%	15.73%	12.75%	24.47%
TENNESSEE	2,691	25.78%	22.72%	63.03%	26.88%	1.86%	0.87%	17.14%	17.20%	23.90%
TEXAS	2,495	11.59%	18.43%	53.81%	22.39%	5.30%	5.46%	18.88%	23.21%	26.26%
UTAH	1,799	21.83%	18.55%	48.14%	15.74%	2.83%	1.40%	14.44%	12.86%	21.61%
VERMONT	1,891	30.78%	19.52%	52.70%	21.71%	4.02%	1.81%	18.82%	17.19%	21.39%
VIRGINIA	1,788	13.94%	20.07%	53.81%	23.47%	2.63%	2.33%	16.42%	13.15%	23.62%
WASHINGTON	2,571	10.64%	19.25%	47.95%	21.76%	3.85%	2.79%	18.18%	13.91%	20.68%
WEST VIRGINIA	2,412	40.24%	23.77%	65.48%	24.81%	1.69%	0.86%	21.51%	19.19%	29.52%
WISCONSIN	1,528	22.36%	20.26%	53.24%	22.88%	5.13%	5.71%	19.68%	10.16%	28.86%
MEDIAN	1,800	19.31%	20.65%	56.52%	22.88%	2.91%	2.33%	18.18%	13.91%	24.36%
NEVADA (RANK[1])	1,634 (33)	17.99% (28)	21.18% (19)	48.17% (45)	30.74% (1)	6.76% (1)	4.22% (3)	20.84% (2)	17.46% (13)	22.34% (39)
% DIFFERENCE FROM MEDIAN	-10.16%	-7.34%	2.50%	-17.33%	25.57%	56.95%	44.79%	12.76%	20.33%	-9.04%

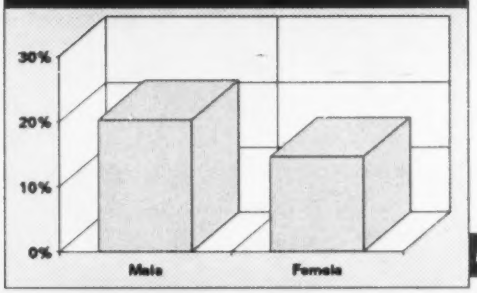
[1]48 States and the District of Columbia participated in the 1992 BRFSS program; Nevada's ranking is from the top of the 49 participants.

Health Insurance in Nevada:

- Coverage in Nevada

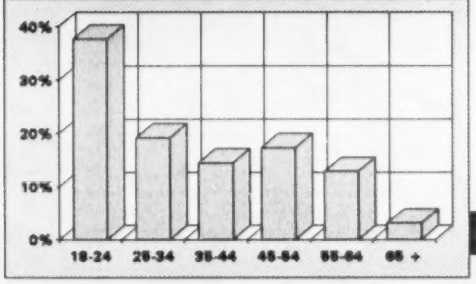
Medically Uninsured Risk...

Figure 69. Percent Without Health Care Plan by Sex
BRFSS • Nevada • 1992



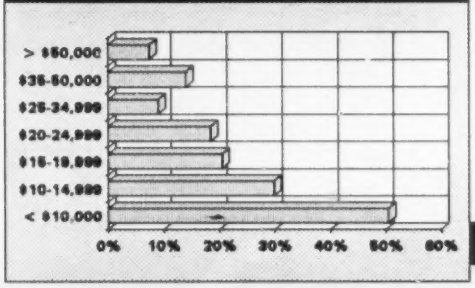
By sex

Figure 70. Percent Without Health Care Plan by Age
BRFSS • Nevada • 1992



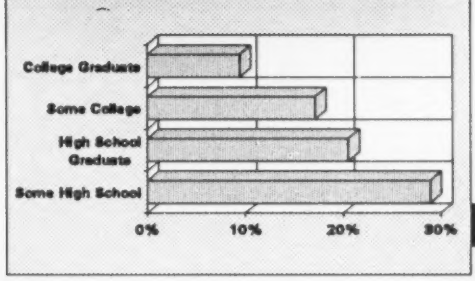
By age

Figure 71. Percent Without Health Care Plan by Income BRFSS • Nevada • 1992



By income

Figure 72. Percent Without Health Care Plan by Education BRFSS • Nevada • 1992



By education

No Health Care Plan

Year 2000 Health Objectives for the Nation have been set for gum disease and hip fractures, but not for health care plan coverage[11]. This surprising oversight underscores the critical need for consensus on medical insurance and access to diagnostic and treatment services throughout the population.

Based on 1992 Nevada BRFSS findings, 20% of adult Nevada males and 15% of females do not have any kind of health care plan to cover either routine check-ups or catastrophic illness (see Figure 69). This shocking gap in Nevada's health care planning is worsened by the fact that the costs for health care services in the Silver State are among the highest in the country.

The distribution of gaps in health care plan coverage indicates that those ages 18-24 experience the highest prevalence (38%) of non-coverage compared to those ages 55-64 (13%) and those eligible for Medicaid ages 65 and over (3%).

Income and education also appear to be strong predictors of health care plan coverage. Fifty percent of those with incomes under $10,000 annually reported 'no health care plan' compared to 7% without such coverage among those earning $50,000 or more annually (see Figure 71). Similar trends were observed for educational attainment and health care plan coverage. Fewer than 10% of those with a college education reported 'no health care plan' as compared to nearly 30% among those with less than a high school education (see Figure 72). These findings show that the poor and less educated are at disproportionate risk for gaps in health care plan coverage in Nevada.

Medically Uninsured Risk...

Differences in health care plan coverage were also noted with respect to race and ethnicity. Twenty-two percent of blacks and Hispanics reported no health care plan compared to 17% without such coverage among whites, and 18% among "other race groups" (see Figure 73).

Married respondents reported a much lower prevalence (11%) of 'no health care plan' compared to respondents who are 'never married' (33%) and those who are 'unmarried couples' (42%) (see Figure 74). Divorced respondents also reported a high prevalence (25%) of health care plan non-coverage.

Predictably, the unemployed (less than one year duration) reported the highest prevalence (55%) of health care non-coverage of any single demographic group identified in the 1992 BRFSS. Loss of employment frequently means a loss of employer-provided health care insurance. This gap due to employment status also impacts the student population, which reported 38% of health care plan non-coverage (see Figure 75).

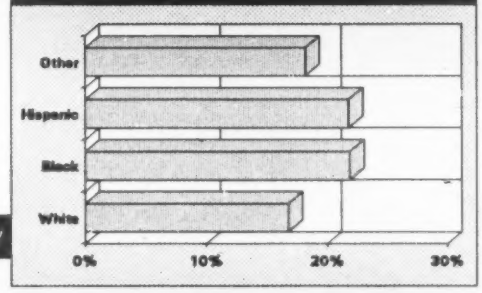
In addition to health care plan coverage, the 1992 BRFSS also included questions regarding the extent of coverage. Twenty percent of respondents *with health care plans* reported that all hospital bills were covered, 67% reported most bills were covered and 9% reported that only 'some hospital bills' were covered.

Fifteen percent of respondents reported that, during the past year, they were unable to 'see a doctor' because of cost.

"...Unemployed [Nevadans] reported the highest prevalence (65%) of health care non-coverage of any single demographic group."

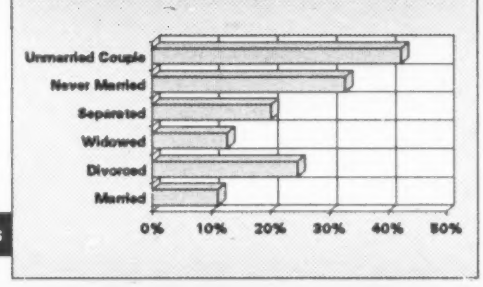
By race/ethnicity

Figure 73. Percent Without Health Care Plan by Race BRFSS • Nevada • 1992



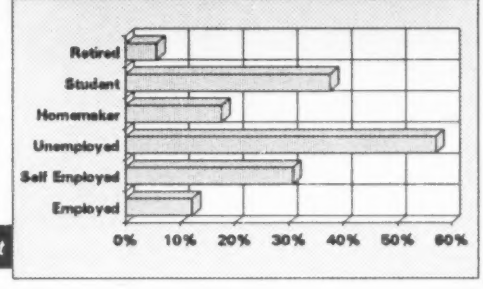
By marital status

Figure 74. Percent Without Health Care Plan by Marital Status BRFSS • Nevada • 1992



By employment

Figure 75. Percent Without Health Care Plan by Employment BRFSS • Nevada • 1992



AIDS: Knowledge, Beliefs and Attitudes

Several questions related to common beliefs and attitudes about AIDS/HIV disease were asked of BRFSS respondents in the 1992 survey. The Table below summarizes the results of these AIDS-related questions.

More than three quarters of all respondents—male and female—reported willingness to work with someone infected by the AIDS virus. Educational attainment is related to willingness to work in a setting with a person who is infected with HIV/AIDS. Eighty-four percent of respondents with a college degree reported such willingness to work with an AIDS/HIV-infected person, compared to 38% among those with less than a 9th grade education.

More than 90% of all respondents reported that pregnant women could give the AIDS virus to their unborn child. This awareness was reported slightly less (82%) among those ages 65 and over compared to 92% among those ages 18-24. Educational attainment also differentiated knowledge of mother-to-child AIDS transmission: 80% of those with less than a 9th grade education reported knowledge of this AIDS/HIV transmission route compared to more than 90% among those with a college education.

Notably, *58% of respondents believed that no drugs were able to prolong the life of a person infected with the AIDS/HIV virus, and another 36% believe that you can get infected with the AIDS/HIV virus by giving blood.* Drugs have been approved for treatment of AIDS/HIV patients and you ***can't*** get infected from giving blood.

Knowledge, Beliefs and Attitudes Related to AIDS Risks
Nevada Behavior Risk Factor Surveillance Survey • 1992

Sex/Age & Educational Attainment	Answered "YES" to Question					
	Willing to Work with Person Infected with AIDS Virus?	Drugs Available to Lengthen Life of Person Infected with AIDS?	Can Person with AIDS Look and Feel Healthy?	Can You Get Infected with AIDS from Giving Blood	Can You Get Infected with AIDS from Infected Health Professional?	Pregnant Woman Give AIDS virus to Baby?
Male						
18-24	83%	48%	91%	43%	68%	92%
25-34	76%	58%	89%	30%	75%	94%
35-44	85%	48%	89%	27%	74%	91%
45-54	78%	48%	83%	36%	77%	94%
55-64	71%	32%	78%	43%	74%	90%
65+	53%	35%	65%	44%	67%	85%
Female						
18-24	89%	41%	86%	17%	69%	92%
25-34	88%	44%	93%	36%	69%	91%
35-44	88%	40%	94%	34%	77%	93%
45-54	75%	33%	81%	32%	77%	91%
55-64	73%	40%	77%	38%	74%	95%
65+	51%	27%	62%	41%	67%	81%
Educational Attainment						
< 9th Grade	38%	21%	48%	34%	53%	79%
Some High School	63%	28%	66%	54%	71%	89%
High School Grad	75%	31%	83%	42%	71%	92%
Some Tech School	77%	41%	84%	37%	63%	82%
Tech School Grad	84%	43%	84%	27%	79%	96%
Some College	81%	48%	86%	32%	73%	92%
College Graduate	84%	58%	94%	31%	78%	92%
Post Graduate	84%	60%	93%	20%	73%	91%
TOTAL	77%	42%	84%	36%	73%	91%

Behavioral Risk Factor Surveillance Tables by Demographics

Behavioral Risk Factor Surveillance Survey
Nevada Statewide Survey Data • 1992 • Weighted
Table 1. Current Smoking by Demographics

CURRENT SMOKING

	YES		NO		UNK/REFUSED		TOTAL		
MALE	N	%	N	%	N	%	N	%	WEIGHTED N'
18-24	21	28.6	61	71.4			82	100.0	62339
25-34	46	31.2	97	68.8			143	100.0	115856
35-44	53	36.6	96	63.4			149	100.0	96698
45-54	33	39.2	51	60.8			84	100.0	68518
55-64	22	21.4	51	78.6			73	100.0	54603
65-74	18	19.8	69	80.2			87	100.0	47722
75 +	4	14.4	20	85.6			24	100.0	10351
UNK/REFUSED	2	82.8	1	17.2			3	100.0	2470
FEMALE									
18-24	27	31.6	70	68.4			97	100.0	58244
25-34	68	30.6	154	68.4	2	0.9	224	100.0	106181
35-44	67	28.9	149	71.1			216	100.0	92674
45-54	52	33.6	99	66.4			151	100.0	62906
55-64	45	40.6	82	59.4			127	100.0	53169
65-74	26	19.2	91	80.8			117	100.0	47718
75 +	7	17.6	41	82.4			48	100.0	20823
UNK/REFUSED	3	35.8	6	64.2			9	100.0	2743
TOTAL	494	30.5	1138	69.4	2	0.1	1634	100.0	903015

'Weighted N is the population estimate from which the BRFS sample is drawn

	YES		NO		UNK/REFUSED		TOTAL		
RACE	N	%	N	%	N	%	N	%	WEIGHTED N
WHITE	427	31.1	949	68.8	2	0.1	1378	100.0	742408
BLACK	28	29.1	59	70.9			87	100.0	52714
HISPANIC	16	19.3	77	80.7			93	100.0	63447
OTHER	21	39.3	45	60.7			66	100.0	38717
UNK/REFUSED	2	31.6	8	68.4			10	100.0	5729

	YES		NO		UNK/REFUSED		TOTAL		
MARITAL STATUS	N	%	N	%	N	%	N	%	WEIGHTED N
MARRIED	236	26.4	681	73.4	2	0.2	919	100.0	555409
DIVORCED	108	45.0	135	55.0			243	100.0	100.0728
WIDOWED	40	35.8	94	64.2			134	100.0	46890
SEPARATED	9	36.0	24	64.0			33	100.0	15740
NEVER MARRIED	79	33.2	164	66.8			243	100.0	146814
UNMARRIED COUPLE	21	33.4	35	66.6			56	100.0	33648
UNK/REFUSED	1	18.0	5	82.0			6	100.0	3786
TOTAL	494	30.5	1138	69.4	2	0.1	1634	100.0	903015

CURRENT SMOKING

	YES		NO		UNK/REFUSED		TOTAL		
INCOME	N	%	N	%	N	%	N	%	WEIGHTED N
< $10,000	57	43.7	85	56.3	.	.	142	100.0	72434
$10-$14,999	51	30.1	92	69.9	.	.	143	100.0	73403
$15-$19,999	54	42.4	81	57.6	.	.	135	100.0	77123
$20-$24,999	59	41.7	101	58.0	1	0.3	161	100.0	87794
$25-$34,999	86	30.2	190	69.8	.	.	276	100.0	160158
$35-$50,000	96	30.2	226	69.8	.	.	322	100.0	173185
> $50,000	60	17.4	246	82.2	1	0.4	307	100.0	176738
UNK/REFUSED	31	25.2	117	74.8	.	.	148	100.0	82181
TOTAL	494	30.5	1138	69.4	2	0.1	1634	100.0	903015

	YES		NO		UNK/REFUSED		TOTAL		
EMPLOYMENT	N	%	N	%	N	%	N	%	WEIGHTED N
EMPLOYED	281	33.8	563	66.1	1	0.1	845	100.0	490168
SELF EMPLOYED	29	20.6	109	79.4	.	.	138	100.0	75107
OUT OF WORK >1 YEAR	20	41.4	27	58.6	.	.	47	100.0	24692
OUT OF WORK <1 YEAR	39	54.7	30	45.3	.	.	69	100.0	44102
HOMEMAKER	45	33.8	106	65.8	1	0.4	152	100.0	75479
STUDENT	6	5.4	52	94.6	.	.	58	100.0	35977
RETIRED	73	20.7	246	79.3	.	.	319	100.0	154764
UNK/REFUSED	1	10.9	5	89.1	.	.	6	100.0	2726
TOTAL	494	30.5	1138	69.4	2	0.1	1634	100.0	903015

	YES		NO		UNK/REFUSED		TOTAL		
EDUCATION	N	%	N	%	N	%	N	%	WEIGHTED N
<9TH GRADE	10	31.8	23	68.2	.	.	33	100.0	16477
SOME HIGH SCHOOL	56	46.5	85	53.1	1	0.4	142	100.0	73115
HIGH SCHOOL GRAD	199	36.6	332	63.4	.	.	531	100.0	293389
SOME TECH SCHOOL	9	33.2	22	66.8	.	.	31	100.0	16102
TECH SCHOOL GRAD	15	50.1	16	49.9	.	.	31	100.0	17675
SOME COLLEGE	131	27.3	366	72.7	.	.	497	100.0	272597
COLLEGE GRADUATE	53	20.1	185	79.4	1	0.5	239	100.0	141702
POST GRADUATE	21	16.4	105	83.6	.	.	126	100.0	69531
UNK/REFUSED	.	.	4	100.0	.	.	4	100.0	2426
TOTAL	494	30.5	1138	69.4	2	0.1	1634	100.0	903015

CHRONIC DRINKING

	YES		NO		UNK/REFUSED		TOTAL		
MALE	N	%	N	%	N	%	N	%	WEIGHTED N
18-24	14	18.0	68	82.0			82	100.0	62339
25-34	20	12.9	122	86.8	1	0.3	143	100.0	115856
35-44	10	6.6	138	93.0	1	0.4	149	100.0	96698
45-54	8	9.6	75	89.8	1	0.6	84	100.0	68518
55-64	11	13.1	61	86.0	1	0.9	73	100.0	54603
65 +	10	6.7	96	90.3	5	3	111	100.0	58073
UNK/REFUSED	1	55.2	2	44.8			3	100.0	2470
FEMALE									
18-24	6	6.7	91	93.3			97	100.0	58244
25-34	3	1.6	219	97.8	2	0.6	224	100.0	106181
35-44	2	1.0	214	99.0			216	100.0	92674
45-54	2	0.7	147	97.7	2	1.6	151	100.0	62906
55-64	2	1.4	124	97.5	1	1.1	127	100.0	53169
65 +	5	2.4	158	96.3	2	1.3	165	100.0	68540
UNK/REFUSED	1	8.0	8	92.0			9	100.0	2743
TOTAL	95	6.8	1523	92.5	16	0.7	1634	100.0	903015

	YES		NO		UNK/REFUSED		TOTAL		
RACE	N	%	N	%	N	%	N	%	WEIGHTED N
WHITE	80	6.9	1284	92.4	14	0.7	1378	100.0	742408
BLACK	6	7.6	80	91.3	1	1.1	87	100.0	52714
HISPANIC	3	2.8	89	96.0	1	1.2	93	100.0	63447
OTHER	4	6.3	62	93.7			66	100.0	38717
UNK/REFUSED	2	23.6	8	76.4			10	100.0	5729

	YES		NO		UNK/REFUSED		TOTAL		
MARITAL STATUS	N	%	N	%	N	%	N	%	WEIGHTED N
MARRIED	33	4.3	878	95.1	8	0.6	919	100.0	555409
DIVORCED	19	10.7	220	87.5	4	1.7	243	100.0	100.0728
WIDOWED	9	5.7	123	93.0	2	1.3	134	100.0	46890
SEPARATED			33	100.0			33	100.0	15740
NEVER MARRIED	29	13.7	212	85.8	2	0.4	243	100.0	146814
UNMARRIED COUPLE	4	10.1	52	89.9			56	100.0	33648
UNK/REFUSED	1	5.8	5	94.2			6	100.0	3786
TOTAL	95	6.8	1523	92.5	16	0.7	1634	100.0	903015

	CHRONIC DRINKING								
	YES		NO		UNK/REFUSED		TOTAL		
INCOME	N	%	N	%	N	%	N	%	WEIGHTED N
< $10,000	13	11.8	127	87.5	2	0.7	142	100.0	72434
$10-$14,999	10	9.6	132	90.2	1	0.2	143	100.0	73403
$15-$19,999	6	4.4	127	94.4	2	1.2	135	100.0	77123
$20-$24,999	7	3.9	152	94.9	2	1.1	161	100.0	87794
$25-$34,999	21	8.9	253	90.5	2	0.6	276	100.0	160158
$35-$50,000	13	4.6	307	95	2	0.4	322	100.0	173185
> $50,000	17	6.4	289	93.4	1	0.2	307	100.0	176738
UNK/REFUSED	8	6	136	91.6	4	2.4	148	100.0	82181
TOTAL	95	6.8	1523	92.5	16	0.7	1634	100.0	903015

	YES		NO		UNK/REFUSED		TOTAL		
EMPLOYMENT	N	%	N	%	N	%	N	%	WEIGHTED N
EMPLOYED	55	8.1	784	91.4	6	0.5	845	100.0	490168
SELF EMPLOYED	4	3.3	133	96.3	1	0.4	138	100.0	75107
OUT OF WORK >1 YEAR	1	3.3	46	96.7	.	.	47	100.0	24692
OUT OF WORK <1 YEAR	9	15.7	58	81.9	2	2.3	69	100.0	44102
HOMEMAKER	4	3.1	147	96.2	1	0.8	152	100.0	75479
STUDENT	3	4.9	55	95.1	.	.	58	100.0	35977
RETIRED	18	4.4	295	94.2	6	1.4	319	100.0	154764
UNK/REFUSED	1	8	5	92	.	.	6	100.0	2726
TOTAL	95	6.8	1523	92.5	16	0.7	1634	100.0	903015

	YES		NO		UNK/REFUSED		TOTAL		
EDUCATION	N	%	N	%	N	%	N	%	WEIGHTED N
<9TH GRADE	1	1.2	30	95	2	3.7	33	100.0	16477
SOME HIGH SCHOOL	10	8.8	132	91.2	.	.	142	100.0	73115
HIGH SCHOOL GRAD	31	7.4	494	91.8	6	0.8	531	100.0	293389
SOME TECH SCHOOL	2	1.9	29	98.1	.	.	31	100.0	16102
TECH SCHOOL GRAD	1	2.1	29	95.9	1	2	31	100.0	17675
SOME COLLEGE	28	7.1	462	91.7	7	1.2	497	100.0	272597
COLLEGE GRADUATE	16	7	223	93	.	.	239	100.0	141702
POST GRADUATE	5	3.4	121	96.6	.	.	126	100.0	69531
UNK/REFUSED	1	9	3	91	.	.	4	100.0	2426
TOTAL	95	6.8	1523	92.5	16	0.7	1634	100.0	903015

Behavioral Risk Factor Surveillance Survey
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Table 3. Drinking & Driving by Demographics

DRINKING & DRIVING

	YES		NO		UNK/REFUSED		TOTAL		
MALE	N	%	N	%	N	%	N	%	WEIGHTED N
18-24	7	6.2	75	93.8	.	.	82	100.0	62339
25-34	12	10.1	131	89.9	.	.	143	100.0	115856
35-44	14	7.9	135	92.1	.	.	149	100.0	96698
45-54	8	7.6	76	92.4	.	.	84	100.0	68518
55-64	.	.	72	98.5	1	1.5	73	100.0	54603
65 +	3	2.1	108	97.9	.	.	111	100.0	58073
UNK/REFUSED	.	.	3	100.0	.	.	3	100.0	2470
FEMALE									
18-24	5	5.5	92	94.5	.	.	97	100.0	58244
25-34	7	3.0	217	97.0	.	.	224	100.0	106181
35-44	3	1.3	213	98.7	.	.	216	100.0	92674
45-54	3	1.0	148	99.0	.	.	151	100.0	62906
55-64	1	0.6	126	99.4	.	.	127	100.0	53169
65 +	.	.	164	99.5	1	0.5	165	100.0	68540
UNK/REFUSED	.	.	9	100.0	.	.	9	100.0	2743
TOTAL	63	4.2	1569	95.6	2	0.1	1634	100.0	903015

	YES		NO		UNK/REFUSED		TOTAL		
RACE	N	%	N	%	N	%	N	%	WEIGHTED N
WHITE	54	4.2	1322	95.6	2	0.2	1378	100.0	742408
BLACK	5	7.5	82	92.5	.	.	87	100.0	52714
HISPANIC	3	3.0	90	97.0	.	.	93	100.0	63447
OTHER	1	2.9	65	97.1	.	.	66	100.0	38717
UNK/REFUSED	.	.	10	100.0	.	.	10	100.0	5729

	YES		NO		UNK/REFUSED		TOTAL		
MARITAL STATUS	N	%	N	%	N	%	N	%	WEIGHTED N
MARRIED	20	2.5	898	97.3	1	0.1	919	100.0	555409
DIVORCED	20	8.3	222	91.4	1	0.4	243	100.0	100.0728
WIDOWED	1	1.2	133	98.8	.	.	134	100.0	46890
SEPARATED	2	9.8	31	90.2	.	.	33	100.0	15740
NEVER MARRIED	16	7.4	227	92.6	.	.	243	100.0	146814
UNMARRIED COUPLE	4	8.2	52	91.8	.	.	56	100.0	33648
UNK/REFUSED	.	.	6	100.0	.	.	6	100.0	3786
TOTAL	63	4.2	1569	95.6	2	0.1	1634	100.0	903015

DRINKING & DRIVING

	YES		NO		UNK/REFUSED		TOTAL		
INCOME	N	%	N	%	N	%	N	%	WEIGHTED N
< $10,000	8	5.4	133	94.1	1	0.5	142	100.0	72434
$10-$14,999	4	2.1	139	97.9	.	.	143	100.0	73403
$15-$19,999	5	7.3	130	92.7	.	.	135	100.0	77123
$20-$24,999	8	5.0	153	95.0	.	.	161	100.0	87794
$25-$34,999	16	6.3	260	93.7	.	.	276	100.0	160158
$35-$50,000	7	2.1	315	97.9	.	.	322	100.0	173185
> $50,000	15	5.1	291	94.5	1	0.5	307	100.0	176738
UNK/REFUSED	.	.	148	100.0	.	.	148	100.0	82181
TOTAL	63	4.2	1569	95.6	2	0.1	1634	100.0	903015

	YES		NO		UNK/REFUSED		TOTAL		
EMPLOYMENT	N	%	N	%	N	%	N	%	WEIGHTED N
EMPLOYED	46	6.0	799	94.0	.	.	845	100.0	490168
SELF EMPLOYED	6	3.6	132	96.4	.	.	138	100.0	75107
OUT OF WORK >1 YEAR	1	1.4	45	95.2	1	3.3	47	100.0	24692
OUT OF WORK <1 YEAR	5	8.3	64	91.7	.	.	69	100.0	44102
HOMEMAKER	1	0.8	151	99.2	.	.	152	100.0	75479
STUDENT	1	0.7	57	99.3	.	.	58	100.0	35977
RETIRED	3	0.7	315	99.1	1	0.2	319	100.0	154764
UNK/REFUSED	.	.	6	100.0	.	.	6	100.0	2726
TOTAL	63	4.2	1569	95.6	2	0.1	1634	100.0	903015

	YES		NO		UNK/REFUSED		TOTAL		
EDUCATION	N	%	N	%	N	%	N	%	WEIGHTED N
<9TH GRADE	.	.	32	97.8	1	2.2	33	100.0	16477
SOME HIGH SCHOOL	4	3.5	138	96.5	.	.	142	100.0	73115
HIGH SCHOOL GRAD	18	4.3	513	95.7	.	.	531	100.0	293389
SOME TECH SCHOOL	3	14.0	28	86.0	.	.	31	100.0	16102
TECH SCHOOL GRAD	.	.	31	100.0	.	.	31	100.0	17675
SOME COLLEGE	15	3.3	482	96.7	.	.	497	100.0	272597
COLLEGE GRADUATE	15	5.5	223	93.9	1	0.6	239	100.0	141702
POST GRADUATE	8	5.5	118	94.5	.	.	126	100.0	69531
UNK/REFUSED	.	.	4	100.0	.	.	4	100.0	2426
TOTAL	63	4.2	1569	95.6	2	0.1	1634	100.0	903015

Table 4. Safety Belt Non-use by Demographics

SAFETY BELT NON-USE (Z)

	YES		NO		UNK/REFUSED		TOTAL		
MALE	N	%	N	%	N	%	N	%	WEIGHTED N*
18-24	18	17.7	64	82.3	.	.	82	100.0	62339
25-34	32	21.3	111	78.7	.	.	143	100.0	115856
35-44	33	20.7	116	79.3	.	.	149	100.0	96698
45-54	17	20.9	67	79.1	.	.	84	100.0	68518
55-64	17	17.4	56	82.6	.	.	73	100.0	54603
65 +	30	26.8	81	73.2	.	.	111	100.0	58073
UNK/REFUSED		.	3	100.0	.	.	3	100.0	2470
FEMALE									
18-24	20	20.0	77	80.0	.	.	97	100.0	58244
25-34	32	12.7	191	86.3	1	1.0	224	100.0	106181
35-44	26	10.2	190	89.8	.	.	216	100.0	92674
45-54	29	17.2	122	82.8	.	.	151	100.0	62906
55-64	30	25.3	97	74.7	.	.	127	100.0	53169
65 +	23	11.6	142	88.4	.	.	165	100.0	68540
UNK/REFUSED	2	16.5	7	83.5	.	.	9	100.0	2743
TOTAL	309	18	1324	81.9	1	0.1	1634	100.0	903015

	YES		NO		UNK/REFUSED		TOTAL		
RACE	N	%	N	%	N	%	N	%	WEIGHTED N
WHITE	262	18.2	1115	81.6	1	0.1	1378	100.0	742408
BLACK	18	15.6	69	84.4	.	.	87	100.0	52714
HISPANIC	12	14.1	81	85.9	.	.	93	100.0	63447
OTHER	17	25.4	49	74.6	.	.	66	100.0	38717
UNK/REFUSED	.	.	10	100.0	.	.	10	100.0	5729

	YES		NO		UNK/REFUSED		TOTAL		
MARITAL STATUS	N	%	N	%	N	%	N	%	WEIGHTED N
MARRIED	138	14.6	780	85.2	1	0.2	919	100.0	555409
DIVORCED	68	27.3	175	72.7	.	.	243	100.0	100.0728
WIDOWED	28	19.5	106	80.5	.	.	134	100.0	46890
SEPARATED	10	38.7	23	61.3	.	.	33	100.0	15740
NEVER MARRIED	50	21.2	193	78.8	.	.	243	100.0	146814
UNMARRIED COUPLE	15	22.2	41	77.8	.	.	56	100.0	33648
UNK/REFUSED	.	.	6	100.0	.	.	6	100.0	3786
TOTAL	309	18.0	1324	81.9	1	0.1	1634	100.0	903015

*Weighted N is the population estimate from which the BRFS sample is drawn

SAFETY BELT NON-USE (Z)

	YES		NO		UNK/REFUSED		TOTAL		
INCOME	N	%	N	%	N	%	N	%	WEIGHTED N
< $10,000	42	27.5	100.0	72.5	.	.	142	100.0	72434
$10-$14,999	29	16.0	113	82.5	1	1.4	143	100.0	73403
$15-$19,999	25	16.7	110	83.3	.	.	135	100.0	77123
$20-$24,999	40	25.9	121	74.1	.	.	161	100.0	87794
$25-$34,999	55	19.5	221	80.5	.	.	276	100.0	160158
$35-$50,000	52	15.2	270	84.8	.	.	322	100.0	173185
> $50,000	34	11.5	273	88.5	.	.	307	100.0	176738
UNK/REFUSED	32	20.6	116	79.4	.	.	148	100.0	82181
TOTAL	309	18.0	1324	81.9	1	0.1	1634	100.0	903015

	YES		NO		UNK/REFUSED		TOTAL		
EMPLOYMENT	N	%	N	%	N	%	N	%	WEIGHTED N
EMPLOYED	153	17.6	692	82.4	.	.	845	100.0	490168
SELF EMPLOYED	26	20.9	112	79.1	.	.	138	100.0	75107
OUT OF WORK >1 YEAR	15	28.5	32	71.5	.	.	47	100.0	24692
OUT OF WORK <1 YEAR	19	27.9	50	72.1	.	.	69	100.0	44102
HOMEMAKER	25	14.9	126	83.7	1	1.4	152	100.0	75479
STUDENT	7	8.4	51	91.6	.	.	58	100.0	35977
RETIRED	64	17.4	255	82.6	.	.	319	100.0	154764
UNK/REFUSED	.	.	6	100.0	.	.	6	100.0	2726
TOTAL	309	18.0	1324	81.9	1	0.1	1634	100.0	903015

	YES		NO		UNK/REFUSED		TOTAL		
EDUCATION	N	%	N	%	N	%	N	%	WEIGHTED N
<9TH GRADE	7	13.1	26	86.9	.	.	33	100.0	16477
SOME HIGH SCHOOL	47	35.6	95	64.4	.	.	142	100.0	73115
HIGH SCHOOL GRAD	108	19.0	422	80.6	1	0.4	531	100.0	293389
SOME TECH SCHOOL	7	20.0	24	80.0	.	.	31	100.0	16102
TECH SCHOOL GRAD	4	7.5	27	92.5	.	.	31	100.0	17675
SOME COLLEGE	76	15.4	421	84.6	.	.	497	100.0	272597
COLLEGE GRADUATE	44	15.9	195	84.1	.	.	239	100.0	141702
POST GRADUATE	16	13.6	110	86.4	.	.	126	100.0	69531
UNK/REFUSED	.	.	4	100.0	.	.	4	100.0	2426
TOTAL	309	18.0	1324	81.9	1	0.1	1634	100.0	903015

Behavioral Risk Factor Surveillance Survey
Nevada Statewide Survey Data • 1992 • Weighted
Table 5. Overweight By Demographics

OVERWEIGHT (BMI)

	YES		NO		UNK/REFUSED		TOTAL		
MALE	N	%	N	%	N	%	N	%	WEIGHTED N
18-24	16	16.8	65	82.3	1	0.9	82	100.0	62339
25-34	35	24.7	107	74.3	1	1.0	143	100.0	115856
35-44	38	24.8	111	75.2	.	.	149	100.0	96698
45-54	17	23.1	67	76.9	.	.	84	100.0	68518
55-64	27	35.0	45	62.9	1	2.1	73	100.0	54603
65-74	21	27.2	66	72.8	.	.	87	100.0	47722
75 +	5	19.4	18	76.7	1	3.9	24	100.0	10351
UNK/REFUSED	.	.	3	100.0	.	.	3	100.0	2470
FEMALE									
18-24	14	15.7	78	78.8	5	5.6	97	100.0	58244
25-34	29	11.6	189	85.1	6	3.3	224	100.0	106181
35-44	43	20.5	166	76.9	7	2.6	216	100.0	92674
45-54	47	29.2	97	64.3	7	6.5	151	100.0	62906
55-64	29	22.3	90	72.1	8	5.6	127	100.0	53169
65-74	31	27.2	79	66.9	7	5.8	117	100.0	47718
75 +	10	24.0	38	76.0	.	.	48	100.0	20823
UNK/REFUSED	.	.	7	86.3	2	13.7	9	100.0	2743
TOTAL	362	22.3	1226	75.2	46	2.5	1634	100.0	903015

	YES		NO		UNK/REFUSED		TOTAL		
RACE	N	%	N	%	N	%	N	%	WEIGHTED N
WHITE	290	21.3	1054	76.5	34	2.2	1378	100.0	742408
BLACK	30	32.5	55	66.2	2	1.3	87	100.0	52714
HISPANIC	28	29.3	60	66.1	5	4.6	93	100.0	63447
OTHER	12	17.3	53	82.3	1	0.4	66	100.0	38717
UNK/REFUSED	2	18.9	4	33.5	4	47.6	10	100.0	5729

	YES		NO		UNK/REFUSED		TOTAL		
MARITAL STATUS	N	%	N	%	N	%	N	%	WEIGHTED N
MARRIED	217	23.3	675	74.1	27	2.7	919	100.0	555409
DIVORCED	43	19.3	195	79.6	5	1.1	243	100.0	100.0728
WIDOWED	32	25.1	99	73.4	3	1.5	134	100.0	46890
SEPARATED	12	47.3	21	52.7	.	.	33	100.0	15740
NEVER MARRIED	49	20.0	189	78.5	5	1.5	243	100.0	146814
UNMARRIED COUPLE	9	13.7	45	83.2	2	3.1	56	100.0	33648
UNK/REFUSED	.	.	2	29.6	4	70.4	6	100.0	3786
TOTAL	362	22.3	1226	75.2	46	2.5	1634	100.0	903015

	OVERWEIGHT (BMI)								
	YES		NO		UNK/REFUSED		TOTAL		
INCOME	N	%	N	%	N	%	N	%	WEIGHTED N
< $10,000	37	26.1	100.0	70.9	5	3.1	142	100.0	72434
$10-$14,999	40	29.1	101	69.5	2	1.4	143	100.0	73403
$15-$19,999	29	21.1	103	77.0	3	1.9	135	100.0	77123
$20-$24,999	41	26.9	118	71.7	2	1.4	161	100.0	87794
$25-$34,999	63	23.9	208	75.0	5	1.1	276	100.0	160158
$35-$50,000	65	19.7	250	78.7	7	1.5	322	100.0	173185
> $50,000	54	18.7	247	79.6	6	1.7	307	100.0	176738
UNK/REFUSED	33	19.6	99	69.1	16	11.3	148	100.0	82181
TOTAL	362	22.3	1226	75.2	46	2.5	1634	100.0	903015

	YES		NO		UNK/REFUSED		TOTAL		
EMPLOYMENT	N	%	N	%	N	%	N	%	WEIGHTED N
EMPLOYED	176	20.8	651	77.1	18	2.1	845	100.0	490168
SELF EMPLOYED	36	28.6	99	70.1	3	1.3	138	100.0	75107
OUT OF WORK >1 YEAR	16	35.8	28	56.6	3	7.6	47	100.0	24692
OUT OF WORK <1 YEAR	14	19.4	53	78.7	2	1.9	69	100.0	44102
HOMEMAKER	28	16.9	118	78.4	6	4.7	152	100.0	75479
STUDENT	6	11.5	51	87.8	1	0.7	58	100.0	35977
RETIRED	86	28.4	224	69.6	9	2.0	319	100.0	154764
UNK/REFUSED	.	.	2	27.1	4	72.9	6	100.0	2726
TOTAL	362	22.3	1226	75.2	46	2.5	1634	100.0	903015

	YES		NO		UNK/REFUSED		TOTAL		
EDUCATION	N	%	N	%	N	%	N	%	WEIGHTED N
<9TH GRADE	11	38.8	21	54.1	1	7.1	33	100.0	16477
SOME HIGH SCHOOL	34	24.1	103	72.2	5	3.6	142	100.0	73115
HIGH SCHOOL GRAD	132	23.6	384	73.7	15	2.6	531	100.0	293389
SOME TECH SCHOOL	8	30.2	21	64.8	2	5.0	31	100.0	16102
TECH SCHOOL GRAD	8	26.1	23	73.9	.	.	31	100.0	17675
SOME COLLEGE	99	19.6	386	78.4	12	2.0	497	100.0	272597
COLLEGE GRADUATE	49	23.6	187	75.6	3	0.8	239	100.0	141702
POST GRADUATE	21	17.1	100.0	79.8	5	3.1	126	100.0	69531
UNK/REFUSED	.	.	1	33.9	3	66.1	4	100.0	2426
TOTAL	362	22.3	1226	75.2	46	2.5	1634	100.0	903015

Table 6. Hypertension Awareness By Demographics

	HYPERTENSION AWARENESS								
	YES		NO		UNK/REFUSED		TOTAL		
MALE	N	%	N	%	N	%	N	%	WEIGHTED N
18-24	6	6.3	76	93.7	.	.	82	100.0	62339
25-34	14	7.6	128	91.4	1	1.0	143	100.0	115856
35-44	27	18.1	122	81.9	.	.	149	100.0	96698
45-54	21	27.3	63	72.7	.	.	84	100.0	68518
55-64	31	45.5	42	54.5	.	.	73	100.0	54603
65 +	44	41.3	66	57.7	1	1.0	111	100.0	58073
UNK/REFUSED	.	.	3	100.0	.	.	3	100.0	2470
FEMALE									
18-24	6	6.4	91	93.6	.	.	97	100.0	58244
25-34	16	5.1	208	94.9	.	.	224	100.0	106181
35-44	37	16.3	179	83.7	.	.	216	100.0	92674
45-54	38	22.6	113	77.4	.	.	151	100.0	62906
55-64	47	39.2	80	60.8	.	.	127	100.0	53169
65 +	82	49.1	82	50.4	1	0.5	165	100.0	68540
UNK/REFUSED	2	19.3	7	80.7	.	.	9	100.0	2743
TOTAL	371	21.2	1260	78.6	3	0.2	1634	100.0	903015

	YES		NO		UNK/REFUSED		TOTAL		
RACE	N	%	N	%	N	%	N	%	WEIGHTED N
HISPANIC	312	21.0	1063	76.7	3	0.3	1378	100.0	742408
BLACK	28	28.8	59	71.2	.	.	87	100.0	52714
HISPANIC	19	21.0	74	79.0	.	.	93	100.0	63447
OTHER	11	16.6	55	83.4	.	.	66	100.0	38717
UNK/REFUSED	1	6.7	9	93.3	.	.	10	100.0	5729

	YES		NO		UNK/REFUSED		TOTAL		
MARITAL STATUS	N	%	N	%	N	%	N	%	WEIGHTED N
MARRIED	198	21.3	720	78.6	1	0.1	919	100.0	555409
DIVORCED	55	19.8	188	80.2	.	.	243	100.0	100.0728
WIDOWED	58	44.9	75	54.3	1	0.8	134	100.0	46890
SEPARATED	8	28.2	25	71.8	.	.	33	100.0	15740
NEVER MARRIED	42	15.4	201	84.6	.	.	243	100.0	146814
UNMARRIED COUPLE	10	14.3	45	82.3	1	3.4	56	100.0	33648
UNK/REFUSED	.	.	6	100.0	.	.	6	100.0	3786
TOTAL	371	21.2	1260	78.6	3	0.2	1634	100.0	903015

Table 6. Hypertension Awareness By Demographics, con't

HYPERTENSION AWARENESS

	YES		NO		UNK/REFUSED		TOTAL		
INCOME	N	%	N	%	N	%	N	%	WEIGHTED N
< $10,000	47	26.4	95	73.6	.	.	142	100.0	72434
$10-$14,999	50	38.6	93	61.4	.	.	143	100.0	73403
$15-$19,999	46	34.3	87	63.5	2	2.3	135	100.0	77123
$20-$24,999	41	21.5	120	78.5	.	.	161	100.0	87794
$25-$34,999	48	16.4	228	83.6	.	.	276	100.0	160158
$35-$50,000	50	13.7	272	86.3	.	.	322	100.0	173185
> $50,000	55	18	252	82	.	.	307	100.0	176738
UNK/REFUSED	34	20.3	113	79.3	1	0.4	148	100.0	82181
TOTAL	371	21.2	1260	78.6	3	0.2	1634	100.0	903015

	YES		NO		UNK/REFUSED		TOTAL		
EMPLOYMENT	N	%	N	%	N	%	N	%	WEIGHTED N
EMPLOYED	137	15.4	708	84.6	.	.	845	100.0	490168
SELF EMPLOYED	28	21.4	110	78.6	.	.	138	100.0	75107
OUT OF WORK >1 YEAR	12	23.9	35	76.1	.	.	47	100.0	24692
OUT OF WORK <1 YEAR	12	12.7	56	84.7	1	2.6	69	100.0	44102
HOMEMAKER	31	18.1	121	81.9	.	.	152	100.0	75479
STUDENT	3	5.9	55	94.1	.	.	58	100.0	35977
RETIRED	147	46.7	170	52.6	2	0.6	319	100.0	154764
UNK/REFUSED	1	10.9	5	89.1	.	.	6	100.0	2726
TOTAL	371	21.2	1260	78.6	3	0.2	1634	100.0	903015

	YES		NO		UNK/REFUSED		TOTAL		
EDUCATION	N	%	N	%	N	%	N	%	WEIGHTED N
<9TH GRADE	12	32.4	21	67.6	.	.	33	100.0	16477
SOME HIGH SCHOOL	45	33.1	96	66.4	1	0.5	142	100.0	73115
HIGH SCHOOL GRAD	121	22.4	408	77	2	0.6	531	100.0	293389
SOME TECH SCHOOL	12	34.9	19	65.1	.	.	31	100.0	16102
TECH SCHOOL GRAD	10	35.4	21	64.6	.	.	31	100.0	17675
SOME COLLEGE	104	17.8	393	82.2	.	.	497	100.0	272597
COLLEGE GRADUATE	43	16.3	196	83.7	.	.	239	100.0	141702
POST GRADUATE	24	17.9	102	82.1	.	.	126	100.0	69531
UNK/REFUSED	.	.	4	100.0	.	.	4	100.0	2426
TOTAL	371	21.2	1260	78.6	3	0.2	1634	100.0	903015

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Behavioral Risk Factor Surveillance Survey
Nevada Statewide Survey Data • 1992 • Weighted
Table 7. Elevated Cholesterol by Demographics

CHOLESTEROL CHECKED AND TOLD HIGH

	YES		NO		UNK/REFUSED		TOTAL		
MALE	N	%	N	%	N	%	N	%	WEIGHTED N
18-24	2	2.2	21	23.4	59	74.4	82	100	62339
25-34	19	12.4	62	37.8	62	49.8	143	100	115856
35-44	22	18.3	79	51.6	48	30.1	149	100	96698
45-54	24	30	41	46.3	19	23.6	84	100	68518
55-64	29	45.8	32	41	12	13.3	73	100	54603
65 +	32	32.3	59	52	20	15.7	111	100	58073
UNK/REF			3	100			3	100	2470
FEMALE									
18-24	5	5.6	33	33	59	61.4	97	100	58244
25-34	27	13.1	105	46.7	92	40.2	224	100	106181
35-44	34	16.6	110	52.6	72	30.8	216	100	92674
45-54	45	23.7	68	51.6	38	24.6	151	100	62906
55-64	48	35.6	58	46.6	21	17.8	127	100	53169
65 +	56	34.1	88	53.3	21	12.6	165	100	68540
UNK/REF	3	22.3	3	34.8	3	42.9	3	100	2743
TOTAL	346	20.8	762	45.1	526	34	1634	100	903015

	YES		NO		UNK/REFUSED		TOTAL		
RACE	N	%	N	%	N	%	N	%	WEIGHTED N
WHITE	300	21.6	655	46.3	423	32	1378	100	742408
BLACK	16	15.6	36	39	35	45.5	87	100	52714
HISPANIC	16	15	39	43.1	38	41.8	93	100	63447
OTHER	12	23.3	27	34.4	27	42.3	66	100	38717
UNK/REF	2	13.7	5	37.3	3	49	10	100	5729

	YES		NO		UNK/REFUSED		TOTAL		
MARITAL STATUS	N	%	N	%	N	%	N	%	WEIGHTED N
MARRIED	193	22.5	459	48.2	267	29.4	919	100	555409
DIVORCED	62	23.5	101	41.7	80	34.9	243	100	100728
WIDOWED	43	29.2	65	49.2	26	21.6	134	100	46890
SEPARATED	4	6.1	16	44.4	13	49.5	33	100	15740
NEVER MARRIED	37	14	85	32	121	54	243	100	146814
UNMARRIED COUPLE	6	12.3	33	58	17	29.7	56	100	33648
UNK/REF	1	8.3	3	35.4	2	56.2	6	100	3786
TOTAL	346	20.8	762	45.1	526	34	1634	100	903015

CHOLESTEROL CHECKED AND TOLD HIGH

	YES		NO		UNK/REFUSED		TOTAL		
INCOME	N	%	N	%	N	%	N	%	WEIGHTED N
< $10,000	32	18.8	54	37.8	56	43.4	142	100	72434
$10-$14,999	33	28.3	55	35.9	55	35.8	143	100	73403
$15-$19,999	39	24.9	49	34.5	47	40.7	135	100	77123
$20-$24,999	38	24.1	67	42.4	56	33.4	161	100	87794
$25-$34,999	56	19.5	112	37.4	108	43.1	276	100	160158
$35-$50,000	56	15.6	165	50.3	101	34.1	322	100	173185
> $50,000	63	22.5	186	60.1	58	17.4	307	100	176738
UNK/REF	29	18.8	74	44.6	45	36.6	148	100	82181
TOTAL	346	20.8	762	45.1	526	34	1634	100	903015

	YES		NO		UNK/REFUSED		TOTAL		
EMPLOYMENT	N	%	N	%	N	%	N	%	WEIGHTED N
EMPLOYED	138	16.6	417	47.1	290	36.3	845	100	490168
SELF EMPLOYED	29	21.9	68	48.7	41	29.4	138	100	75107
OUT OF WORK >1 YEAR	18	32.1	12	25.9	17	42	47	100	24692
OUT OF WORK <1 YEAR	11	15.6	26	37.6	32	46.8	69	100	44102
HOMEMAKER	30	18.3	56	38.3	66	43.4	152	100	75479
STUDENT	7	13.1	18	25	33	62	58	100	35977
RETIRED	112	36.6	161	50.1	46	13.2	319	100	154764
UNK/REF	1	11.6	4	49.2	1	39.2	6	100	2726
TOTAL	346	20.8	762	45.1	526	34	1634	100	903015

	YES		NO		UNK/REFUSED		TOTAL		
EDUCATION	N	%	N	%	N	%	N	%	WEIGHTED N
<9TH GRADE	5	12.4	14	43.6	14	44	33	100	16477
SOME HIGH SCHOOL	28	18.9	50	31.3	64	49.8	142	100	73115
HIGH SCHOOL GRAD	109	21.6	214	37.2	208	41.2	531	100	293389
SOME TECH SCHOOL	10	23.6	17	63.7	4	12.7	31	100	16102
TECH SCHOOL GRAD	9	26.4	16	52.3	6	21.3	31	100	17675
SOME COLLEGE	105	18.7	247	49.3	145	32	497	100	272597
COLLEGE GRADUATE	47	22.2	131	51.5	61	26.3	239	100	141702
POST GRADUATE	32	25.6	71	57.8	23	16.5	126	100	69531
UNK/REF	1	13	2	42.9	1	44	4	100	2426
TOTAL	346	20.8	762	45.1	526	34	1634	100	903015

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Behavioral Risk Factor Surveillance Survey
Nevada Statewide Survey Data • 1992 • Weighted
Table 8. Sedentary Lifestyle By Demographics

SEDENTARY LIFESTYLE

	YES		NO		UNK/REFUSED		TOTAL		
MALE	N	%	N	%	N	%	N	%	WEIGHTED N
18-24	34	41.3	48	58.7			82	100.0	62339
25-34	57	37.6	86	62.4			143	100.0	115856
35-44	78	54.9	71	45.1			149	100.0	96698
45-54	45	57.6	39	42.4			84	100.0	68518
55-64	42	58.9	31	41.1			73	100.0	54603
65-74	35	42.9	52	57.1			87	100.0	47722
75 +	16	59.8	8	40.2			24	100.0	10351
UNK/REFUSED	3	100.0					3	100.0	2470
FEMALE									
18-24	33	33.2	64	66.8			97	100.0	58244
25-34	97	42.6	127	57.4			224	100.0	106181
35-44	103	44.4	113	55.6			216	100.0	92674
45-54	84	58.0	66	41.3	1	0.7	151	100.0	62906
55-64	63	53.7	64	46.3			127	100.0	53169
65-74	69	59.3	48	40.7			117	100.0	47718
75 +	28	56.7	20	43.3			48	100.0	20823
UNK/REFUSED	3	40.1	6	59.9			9	100.0	2743
TOTAL	790	48.2	843	51.8	1	0	1634	100.0	903015

	YES		NO		UNK/REFUSED		TOTAL		
RACE	N	%	N	%	N	%	N	%	WEIGHTED N
WHITE	657	47.8	720	52.2	1	0.1	1378	100.0	742408
BLACK	49	47.4	38	52.6			87	100.0	52714
HISPANIC	46	49.7	47	50.3			93	100.0	63447
OTHER	35	56.3	31	43.7			66	100.0	38717
UNK/REFUSED	3	37.2	7	62.8			10	100.0	5729
TOTAL	790	48.2	843	51.8	1	0.0	1634	100.0	903015

	YES		NO		UNK/REFUSED		TOTAL		
MARITAL STATUS	N	%	N	%	N	%	N	%	WEIGHTED N
MARRIED	442	48.9	476	51	1	0.1	919	100.0	555409
DIVORCED	128	52.5	115	47.5			243	100.0	100.0728
WIDOWED	73	55.5	61	44.5			134	100.0	46890
SEPARATED	17	42.0	16	58			33	100.0	15740
NEVER MARRIED	102	41.2	141	58.8			243	100.0	146814
UNMARRIED COUPLE	26	46.3	30	51.7			56	100.0	33648
UNK/REFUSED	2	26.3	4	73.7			6	100.0	3786
TOTAL	790	48.2	843	51.8	1	0.0	1634	100.0	903015

SEDENTARY LIFESTYLE

	YES		NO		UNK/REFUSED		TOTAL		
INCOME	N	%	N	%	N	%	N	%	WEIGHTED N
< $10,000	84	57.0	58	43.0	.	.	142	100.0	72434
$10-$14,999	80	57.4	63	42.6	.	.	143	100.0	73403
$15-$19,999	57	43.1	78	56.9	.	.	135	100.0	77123
$20-$24,999	83	53.3	78	46.7	.	.	161	100.0	87794
$25-$34,999	131	44.6	144	55.1	1	0.3	276	100.0	160158
$35-$50,000	145	46.8	177	53.2	.	.	322	100.0	173185
> $50,000	136	44.7	171	55.3	.	.	307	100.0	176738
UNK/REFUSED	74	48.8	74	51.2	.	.	148	100.0	82181
TOTAL	790	48.2	843	51.8	1	0.0	1634	100.0	903015

	YES		NO		UNK/REFUSED		TOTAL		
EMPLOYMENT	N	%	N	%	N	%	N	%	WEIGHTED N
EMPLOYED	415	49.8	430	50.2	.	.	845	100.0	490168
SELF EMPLOYED	54	39.2	84	60.8	.	.	138	100.0	75107
OUT OF WORK >1 YEAR	30	63.0	17	37.0	.	.	47	100.0	24692
OUT OF WORK <1 YEAR	32	41.0	36	58.0	1	1	69	100.0	44102
HOMEMAKER	75	49.9	77	50.1	.	.	152	100.0	75479
STUDENT	18	28.0	40	72.0	.	.	58	100.0	35977
RETIRED	163	51.0	156	49.0	.	.	319	100.0	154764
UNK/REFUSED	3	36.6	3	63.4	.	.	6	100.0	2726
TOTAL	790	48.2	843	51.8	1	0.0	1634	100.0	903015

	YES		NO		UNK/REFUSED		TOTAL		
EDUCATION	N	%	N	%	N	%	N	%	WEIGHTED N
<9TH GRADE	24	62.2	9	37.8	.	.	33	100.0	16477
SOME HIGH SCHOOL	91	59.1	51	40.9	.	.	142	100.0	73115
HIGH SCHOOLGRAD	279	51.9	252	48.1	.	.	531	100.0	293389
SOME TECH SCHOOL	19	54.8	12	45.2	.	.	31	100.0	16102
TECH SCHOOL GRAD	15	49.2	16	50.8	.	.	31	100.0	17675
SOME COLLEGE	215	44.9	281	54.9	1	0.2	497	100.0	272597
COLLEGE GRADUATE	101	43.8	138	56.2	.	.	239	100.0	141702
POST GRADUATE	44	37.5	82	62.5	.	.	126	100.0	69531
UNK/REFUSED	2	46.9	2	53.1	.	.	4	100.0	2426
TOTAL	790	48.2	843	51.8	1	0.0	1634	100.0	903015

BRFSS

Behavioral Risk Factor Surveillance Survey
Nevada Statewide Survey Data • 1992 • Weighted
Table 9. Ever Had Mammogram by Demographics

EVER HAD MAMMOGRAM

	YES		NO		UNK/REFUSED		TOTAL		
AGE GROUP	N	%	N	%	N	%	N	%	WEIGHTED N
40-49	126	69 6	53	29 6	1	0 8	180	100 0	77004
50-59	109	75 5	32	24	1	0 5	142	100 0	58697
60-69	85	76 3	25	22 6	2	1 2	112	100 0	45724
70 +	74	67 1	32	32	1	0 9	107	100 0	43878
ALTERNATE AGE GROUP									
40-49	126	69 6	53	29 6	1	0 8	180	100 0	77004
50-64	149	75 1	45	24 3	2	0 6	196	100 0	79759
65 +	119	71 1	44	27 8	2	1 1	165	100 0	68540
TOTAL	394	72	142	27 2	5	0 8	541	100 0	225303

	YES		NO		UNK/REFUSED		TOTAL		
MALE	N	%	N	%	N	%	N	%	WEIGHTED N
WHITE	353	72 2	124	27	4	0 8	481	100 0	200322
BLACK	22	82 8	6	17 2			28	100 0	11502
HISPANIC	11	76 5	3	23 5			14	100 0	7054
OTHER	7	37 5	9	57 6	1	4 9	17	100 0	6040
UNK/REFUSED	1	100 0					1	100 0	385

	YES		NO		UNK/REFUSED		TOTAL		
MARITAL STATUS	N	%	N	%	N	%	N	%	WEIGHTED N
MARRIED	234	74 4	69	24 9	2	0 7	305	100 0	144293
DIVORCED	64	67 5	33	31 6	1	0 9	98	100 0	32760
WIDOWED	72	67 5	29	31	2	1 5	103	100 0	35178
SEPARATED	8	77 9	2	22 1			10	100 0	3305
NEVER MARRIED	11	75 5	4	24 5			15	100 0	5425
UNMARRIED COUPLE	5	53 5	5	46 5			10	100 0	4343
TOTAL	394	72	142	27 2	5	0 8	541	100 0	225303

Table 9. Ever Had Mammogram by Demographics, con't

EVER HAD MAMMOGRAM

	YES		NO		UNK/REFUSED		TOTAL		
INCOME	N	%	N	%	N	%	N	%	WEIGHTED N
< $10,000	36	58.9	20	41.1	.	.	56	100.0	20681
$10-$14,999	39	65.2	21	34.8	.	.	60	100.0	23706
$15-$19,999	38	72	11	28	.	.	49	100.0	20314
$20-$24,999	34	66.5	17	33.5	.	.	51	100.0	23852
$25-$34,999	44	70.6	22	29.4	.	.	66	100.0	26246
$35-$50,000	86	74.4	22	25.6	.	.	108	100.0	47020
> $50,000	71	88.4	10	11.6	.	.	81	100.0	35171
UNK/REFUSED	46	68.9	19	24.8	5	6.4	70	100.0	28314
TOTAL	394	72	142	27.2	5	0.8	541	100.0	225303

	YES		NO		UNK/REFUSED		TOTAL		
EMPLOYMENT	N	%	N	%	N	%	N	%	WEIGHTED N
EMPLOYED	150	77.8	49	22.2	.	.	199	100.0	83328
SELF EMPLOYED	29	67.6	9	30.4	1	2	39	100.0	14614
OUT OF WORK >1 YEAR	14	71.7	5	28.3			19	100.0	8393
OUT OF WORK <1 YEAR	13	57.3	6	42.7			19	100.0	9722
HOMEMAKER	47	63.2	23	35.1	1	1.8	71	100.0	32812
STUDENT	2	76.9	1	23.1	.	.	3	100.0	965
RETIRED	138	72.4	49	26.8	2	0.7	189	100.0	74788
UNK/REFUSED	1	43.6	.	.	1	56.4	2	100.0	682
TOTAL	394	72	142	27.2	5	0.8	541	100.0	225303

	YES		NO		UNK/REFUSED		TOTAL		
EDUCATION	N	%	N	%	N	%	N	%	WEIGHTED N
<9TH GRADE	9	75.2	3	18.7	1	6.1	13	100.0	6292
SOME HIGH SCHOOL	32	54.2	26	44.2	1	1.6	59	100.0	23600
HIGH SCHOOL GRAD	127	68.6	57	30.6	1	0.7	185	100.0	80940
SOME TECH SCHOOL	12	94.9	1	5.1	.	.	13	100.0	3766
TECH SCHOOL GRAD	8	87.2	2	12.8	.	.	10	100.0	4295
SOME COLLEGE	128	76.4	37	23.3	1	0.2	166	100.0	66445
COLLEGE GRADUATE	44	71.1	11	27.7	1	1.2	56	100.0	23892
POST GRADUATE	34	87.4	5	12.6	.	.	39	100.0	16073
TOTAL	394	72	142	27.2	5	0.8	541	100.0	225303

Behavioral Risk Factor Surveillance Survey
Nevada Statewide Survey Data • 1992 • Weighted
Table 10. Women with Uterine Cervix & Pap Tested Within 2 Years by Demographics

WOMEN WITH UTERINE CERVIX & PAP TESTED IN PAST 2 YEARS

	YES		NO		UNK/REFUSED		TOTAL		
AGE GROUP	N	%	N	%	N	%	N	%	WEIGHTED N
18-24	82	84.8	12	12.6	1	2.5	95	100.0	56867
25-34	199	92.4	13	6.0	4	1.6	216	100.0	101793
35-49	171	76.5	24	13.3	26	10.2	221	100.0	94996
50-64	56	55.5	17	18.8	18	25.7	91	100.0	39829
65 +	54	55.3	21	24.5	20	20.2	95	100.0	39314
UNK/REFUSED	3	41.0	.	.	3	59	6	100.0	1994
ALTERNATE AGE GROUP									
18-44	422	86.9	43	9.3	20	3.7	485	100.0	232009
45-69	105	59.4	27	19.4	34	21.2	166	100.0	74102
70 +	35	49.4	17	26.5	15	24.1	67	100.0	26689
UNK/REFUSED	3	41.0	.	.	3	59	6	100.0	1994
TOTAL	565	77.6	87	12.9	72	9.6	724	100.0	334794

	YES		NO		UNK/REFUSED		TOTAL		
RACE	N	%	N	%	N	%	N	%	WEIGHTED N
WHITE	472	76.6	72	13.3	64	10.1	608	100.0	275017
BLACK	33	85.4	4	6.4	2	8.2	39	100.0	18679
HISPANIC	35	84.0	6	14.6	1	1.3	42	100.0	21930
OTHER	21	72.6	5	13.1	5	14.3	31	100.0	16664
UNK/REFUSED	4	100.0	.	.	.	.	4	100.0	2504

	YES		NO		UNK/REFUSED		TOTAL		
MARITAL STATUS	N	%	N	%	N	%	N	%	WEIGHTED N
MARRIED	335	79.3	46	12.4	36	8.3	417	100.0	208258
DIVORCED	76	79.9	8	6.2	13	13.9	97	100.0	31077
WIDOWED	34	46.2	15	26.9	14	26.8	63	100.0	23340
SEPARATED	12	66.0	3	21.6	2	12.4	17	100.0	6858
NEVER MARRIED	77	81.2	12	13.9	4	4.9	93	100.0	46017
UNMARRIED COUPLE	29	86.8	3	6.9	3	6.3	35	100.0	17742
UNK/REFUSED	2	100.0	.	.	.	.	2	100.0	1501
TOTAL	565	77.6	87	12.9	72	9.6	724	100.0	334794

Table 10. Women with Uterine Cervix & Pap Tested Within 2 Years by Demographics,con't

WOMEN WITH UTERINE CERVIX & PAP TESTED IN PAST 2 YEARS

	YES		NO		UNK/REFUSED		TOTAL		
INCOME	N	%	N	%	N	%	N	%	WEIGHTED N
< $10,000	35	52.4	16	32.3	12	15.3	63	100.0	27430
$10-$14,999	40	59.3	16	28.5	8	12.2	64	100.0	27982
$15-$19,999	36	76.4	4	8.8	8	14.8	48	100.0	20910
$20-$24,999	67	84.3	5	6.6	6	9	78	100.0	39101
$25-$34,999	96	78.7	9	7.1	15	14.2	120	100.0	56983
$35-$50,000	139	84.4	15	11.2	6	4.4	160	100.0	73528
> $50,000	111	90.6	10	6.9	4	2.5	125	100.0	59254
UNK/REFUSED	41	64.8	12	18.4	13	16.8	66	100.0	29605
TOTAL	565	77.6	87	12.9	72	9.6	724	100.0	334794

	YES		NO		UNK/REFUSED		TOTAL		
EMPLOYMENT	N	%	N	%	N	%	N	%	WEIGHTED N
EMPLOYED	310	83.3	31	9.2	29	7.5	370	100.0	173845
SELF EMPLOYED	44	76.8	4	11.9	5	11.4	53	100.0	20721
OUT OF WORK >1 YEAR	20	57.7	6	27.1	3	15.2	29	100.0	12874
OUT OF WORK <1 YEAR	20	63.5	8	25.1	4	8.4	32	100.0	17171
HOMEMAKER	96	86.2	9	7.2	8	6.6	113	100.0	55555
STUDENT	18	70.7	7	27.2	1	2.1	26	100.0	12364
RETIRED	56	55.0	22	22.9	22	22.1	100.0	100.0	41823
UNK/REFUSED	1	100.0					1	100.0	441
TOTAL	565	77.6	87	12.9	72	9.6	724	100.0	334794

	YES		NO		UNK/REFUSED		TOTAL		
EDUCATION	N	%	N	%	N	%	N	%	WEIGHTED N
<9TH GRADE	2	35.7	3	29.4	3	34.9	8	100.0	3691
SOME HIGH SCHOOL	34	55.2	16	23.5	13	21.2	63	100.0	28509
HIGH SCHOOL GRAD	176	71.2	31	16.7	29	12	236	100.0	109205
SOME TECH SCHOOL	4	53.9	3	21.3	3	24.8	10	100.0	2857
TECH SCHOOL GRAD	9	62.0			2	38	11	100.0	4838
SOME COLLEGE	203	83.7	26	11.1	15	5.3	244	100.0	113418
COLLEGE GRADUATE	88	88.3	7	6.7	5	5	100.0	100.0	49287
POST GRADUATE	49	95.0	1	2.6	2	2.4	52	100.0	22988
TOTAL	565	77.6	87	12.9	72	9.6	724	100.0	334794

Behavioral Risk Factor Surveillance Survey
Nevada Statewide Survey Data • 1992 • Weighted
Table 11. No Health Care Plan by Demographics

NO HEALTH CARE PLAN

	YES		NO		UNK/REFUSED		TOTAL		
MALE	N	%	N	%	N	%	N	%	WEIGHTED N
18-24	33	48.6	46	51.2	1	0.2	82	100.0	62339
25-34	32	21.5	111	78.5	.	.	143	100.0	115856
35-44	22	15.3	127	84.7	.	.	149	100.0	96698
45-54	16	19.2	68	80.8	.	.	84	100.0	68518
55-64	10	11.3	63	88.7	.	.	73	100.0	54603
65 +	6	4	104	95.7	1	0.3	111	100.0	58073
UNK/REFUSED	1	55.2	2	44.8	.	.	3	100.0	2470
FEMALE									
18-24	29	26	67	72.8	1	1.2	97	100.0	58244
25-34	40	16.7	184	83.3	.	.	224	100.0	106181
35-44	34	13.7	182	86.3	.	.	216	100.0	92674
45-54	24	15.3	127	84.7	.	.	151	100.0	62906
55-64	18	14.6	109	85.4	.	.	127	100.0	53169
65 +	3	2.4	162	97.6	.	.	165	100.0	68540
UNK/REFUSED	1	5.8	8	94.2	.	.	9	100.0	2743
TOTAL	269	17.5	1362	82.4	3	0.1	1634	100.0	903015

	YES		NO		UNK/REFUSED		TOTAL		
RACE	N	%	N	%	N	%	N	%	WEIGHTED N
WHITE	212	16.8	1163	83.1	3	0.1	1378	100.0	742408
BLACK	20	21.9	67	78.1	.	.	87	100.0	52714
HISPANIC	21	21.8	72	78.2	.	.	93	100.0	63447
OTHER	15	18.2	51	81.8	.	.	66	100.0	38717
UNK/REFUSED	1	10.8	9	89.2	.	.	10	100.0	5729

	YES		NO		UNK/REFUSED		TOTAL		
MARITAL STATUS	N	%	N	%	N	%	N	%	WEIGHTED N
MARRIED	103	11.1	816	88.9	.	.	919	100.0	555409
DIVORCED	53	24.6	190	75.4	.	.	243	100.0	1000728
WIDOWED	14	12.7	119	86.9	1	0.4	134	100.0	46890
SEPARATED	5	20.1	28	79.9	.	.	33	100.0	15740
NEVER MARRIED	73	32.7	168	66.7	2	0.6	243	100.0	146814
UNMARRIED COUPLE	21	42.2	35	57.8	.	.	56	100.0	33648
UNK/REFUSED	.	.	6	100.0	.	.	6	100.0	3786
TOTAL	269	17.5	1362	82.4	3	0.1	1634	100.0	903015

Table 11. No Health Care Plan by Demographics, con't

NO HEALTH CARE PLAN

	YES		NO		UNK/REFUSED		TOTAL		
INCOME	N	%	N	%	N	%	N	%	WEIGHTED N
< $10,000	60	50.4	81	49.3	1	0.3	142	100.0	72434
$10-$14,999	40	29.8	103	70.2	.	.	143	100.0	73403
$15-$19,999	23	20.5	112	79.5	.	.	135	100.0	77123
$20-$24,999	31	18.4	130	81.6	.	.	161	100.0	87794
$25-$34,999	28	9.0	248	91.0	.	.	276	100.0	160158
$35-$50,000	37	14.0	285	86.0	.	.	322	100.0	173185
> $50,000	28	7.4	278	92.6	1	0.1	307	100.0	176738
UNK/REFUSED	22	19.0	125	80.1	1	0.9	148	100.0	82181
TOTAL	269	17.5	1362	82.4	3	0.1	1634	100.0	903015

	YES		NO		UNK/REFUSED		TOTAL		
EMPLOYEMNT	N	%	N	%	N	%	N	%	WEIGHTED N
EMPLOYED	90	12.2	747	87.8	.	.	845	100.0	490168
SELF EMPLOYED	47	30.7	91	69.3	.	.	138	100.0	75107
OUT OF WORK >1 YEAR	21	43.4	26	56.6	.	.	47	100.0	24692
OUT OF WORK <1 YEAR	41	64.7	28	35.3	.	.	69	100.0	44102
HOMEMAKER	27	17.6	125	82.4	.	.	152	100.0	75479
STUDENT	18	37.6	38	60.1	2	2.3	58	100.0	35977
RETIRED	17	5.7	301	94.2	1	0.1	319	100.0	154764
UNK/REFUSED	.	.	6	100.0	.	.	6	100.0	2726
TOTAL	269	17.5	1362	82.4	3	0.1	1634	100.0	903015

	YES		NO		UNK/REFUSED		TOTAL		
EDUCATION	N	%	N	%	N	%	N	%	WEIGHTED N
<9TH GRADE	4	7.9	28	90.8	1	1.2	33	100.0	16477
SOME HIGH SCHOOL	45	33.6	97	66.4	.	.	142	100.0	73115
HIGH SCHOOLGRAD	101	20.5	429	79.4	1	0	531	100.0	293389
SOME TECH SCHOOL	6	29.8	25	70.2	.	.	31	100.0	16102
TECH SCHOOL GRAD	1	1.7	30	98.3	.	.	31	100.0	17675
SOME COLLEGE	76	17.1	420	82.6	1	0.3	497	100.0	272597
COLLEGE GRADUATE	27	11.1	212	88.9	.	.	239	100.0	141702
POST GRADUATE	9	6	117	94	.	.	126	100.0	69531
UNK/REFUSED	.	.	4	100.0	.	.	4	100.0	2426
TOTAL	269	17.5	1362	82.4	3	0.1	1634	100.0	903015

Behavioral Risk Factor Surveillance Survey
Nevada Statewide Survey Data • 1992 • Weighted
Table 12. Demographics • Age by race • Age by sex

AGE GROUP	RACE GROUPS												WEIGHTED N
	WHITE		BLACK		HISPANIC		OTHER		UNKNOWN		TOTAL		
	N	%	N	%	N	%	N	%	N	%	N	%	
18-24	127	11.8	14	21.3	20	18.8	17	24.5	1	10.8	179	13.4	120,583
25-34	306	24	19	24.2	26	29.9	14	26.2	2	38.2	367	24.6	222,037
35-44	314	21.5	21	20.5	18	15.3	11	22.1	1	5.5	365	21.0	189,372
45-54	198	14.5	18	20	12	14.2	7	10.1	.	.	235	14.6	131,424
55-64	168	11.8	9	10	9	14.0	13	14.1	1	8.2	200	11.9	107,772
65-74	188	11.8	5	3.7	6	6.8	3	2.6	2	13.9	204	10.6	95,440
75 +	70	4.1	1	0.4	1	0.6	.	.	.	.	72	3.5	31,173
UNK/REF	7	0.5	.	.	1	0.5	1	0.4	3	23.4	12	0.6	5,213
**"TOTAL"	1378	82.2	87	5.8	93	7.0	66	4.3	10	0.6	1,634	100.0	903,015

AGE GROUPS	MALES		FEMALES		TOTAL		WEIGHTED N
	N	%	N	%	N	%	
18-24	82	13.6	97	13.1	179	13.4	120,583
25-34	143	25.3	224	23.9	367	24.6	222,037
35-44	149	21.1	216	20.9	365	21.0	189,372
45-54	84	14.9	151	14.2	235	14.6	131,424
55-64	73	11.9	127	12.0	200	11.9	107,772
65-74	87	10.4	117	10.7	204	10.6	95,440
75 +	24	2.3	48	4.7	72	3.5	31,173
UNK/REF	3	0.5	9	0.6	12	0.6	5,213
ALTERNATE AGE GROUP							
18-64	531	86.8	815	84.0	1346	85.4	771,188
65 +	111	12.7	165	15.4	276	14.0	126,613
UNK/REF	3	0.5	9	0.6	12	0.6	5,213
**"TOTAL"	645	50.8	989	49.2	1634	100.0	903,015

Appendices

A: Telephone Survey Methods

B: BRFS Questionnaire Design

C: References

Appendix A: Telephone Survey Methods

Households in Nevada were contacted by random digit dialing techniques to insure a represenative sampling (see Table 12 below) of the adult population of residents (i.e. 18 years and older). 1,634 households were sampled during 1992 in Nevada: 811 in Clark County, 414 in Washoe County, and 409 in all rural counties combined.

Surveyors contacted selected households during each month of the year, January-December, and questioned respondents using a standard questionnaire developed for state use by the Centers for Disease Control and Prevention, Office of Surveillance.

When a household is first contacted, the surveyor enumerates its residents to avoid possible bias in selecting the ***first*** person who answers the phone. This technique is used to avoid oversampling certain demographic groups who are more easily reached by phone during a survey of this type.

The Nevada Behavioral Risk Factor Survey (BRFS) was conducted by the University of Nevada-Reno, Center for Applied Research. The Center for Applied Research uses a computer-assisted telephone interviewing (CATI) system. CATI systems are known to increase the accuracy and reliability of survey data collected at the household level.

Center for Applied Research interviewers were trained in BRFS survey techniques by representatives of the Centers for Disease Control, and were closely monitored to control possible biases in the use of questionnaires and telephone response.

All selected households were contacted at least five times to insure high response rates among those randomly selected for interview. Telephone surveys were conducted each month to capture seasonal changes in reported risk behaviors that are known to occur. The results of the 1992 BRFS survey in Nevada will, for the first time, be compared in the national sample of statewide BRFS findings. These interstate comparisons, with respect to smoking, drinking and all other risk factors prevelances, are useful measures for guiding prevention efforts. They enable surveyors to assess excess risk factor prevalence in time and place.

All survey data collected during 1992 was forwarded to CDC for editing, quality control and weighting based on population counts.

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM
NEVADA STATEWIDE SURVEY DATA • 1992 • WEIGHTED
TABLE 12. AGE BY RACE • ETHNICITY

AGE GROUP	WHITE		BLACK		HISPANIC		OTHER		UNK/REFUSED		TOTAL		
	N°	%	N°	%	N°	%	N°	%	N°	%	N°	%	WGHT N
18-24	127	11.8	14	21.3	20	18.8	17	24.5	1	10.8	179	13.4	120583
25-34	306	24.0	19	24.2	26	29.9	14	26.2	2	38.2	367	24.6	222037
35-44	314	21.5	21	20.5	18	15.3	11	22.1	1	5.5	365	21.0	189372
45-54	198	14.5	18	20.0	12	14.2	7	10.1	.	.	235	14.6	131424
55-64	168	11.8	9	10.0	9	14.0	13	14.1	1	8.2	200	11.9	107772
65-74	188	11.8	5	3.7	6	6.8	3	2.6	2	13.9	204	10.6	95440
75 +	70	4.1	1	0.4	1	0.6	.	.	.	.	72	3.5	31173
UNKNOWN-REFUSED	7	0.5	.	.	1	0.5	1	0.4	3	23.4	12	0.6	5213
ALTERNATE AGE GROUP													
18-64	1113	83.6	81	96.0	85	92.1	62	97.0	5	62.7	1346	85.4	771188
65 +	258	15.9	6	4.0	7	7.4	3	2.6	2	13.9	276	14.0	126613
UNKNOWN-REFUSED	7	0.5	.	.	1	0.5	1	0.4	3	23.4	12	0.6	5213
TOTAL	1378	82.2	87	5.8	93	7.0	66	4.3	10	0.6	1634	100.0	903015

The questionnaire used to measure risk factors reported among adults was developed and designed for state use by the Centers for Disease Control and Prevention, Office of Surveillance. The core questionnaire used in 1992 contains eleven modules or question groups related to specific topics. These modules include: seat belt use, hypertension, exercise, weight control. tobacco use, alcohol consumption, preventive health practices, health insurance, demographics, women's health and AIDS (see Table 13 below for description of "core modules"). These core modules were used by all states participating in monthly BRFS surveillance programs during 1992.

Several BRFSS questionnaire modules have been developed for optional use by state surveyors. Nevada utilized the "county of residence" module to stratify its sample into three subgroups: Clark County, Washoe County, and the remaining rural counties. The core questionnaire and the "county of residence" modules were administered in all three strata.

Several optional modules developed as companions for the core BRFSS questionnaire include assessments of smokeless tobacco, colorectal screening, injury control, radon testing, dietary fat and fruits and vegetables. None of the optional modules were administered as part of the 1992 BRFSS surveillance program in Nevada.

The BRFSS survey is administered *anonymously*. That is, respondents are not asked to disclose their identity nor provide any other type of identifier (e.g. Social Security Number) which might bias the interview process. Each respondent is asked to provide his/her age, sex, race, marital status, weight, height, educational attainment, and income.

Appendix B: BRFS Questionnaire Design

Table 13. Risk Factors Measured by the Behavioral Risk Factor Surveillance System

Risk Factor	At Risk	Not at Risk	Refused
Seat Belt Use	Respondents who reported that they "sometimes", "seldom", or "never" wear seat belts when driving or riding in a car	Respondents who reported that they "always", or "nearly always" wear seat belts when they drive/ride in a car or "never drive/ride in a car"	Respondents who reported that they "don't know" how often they wear seat belts and those who "refused" to answer the question
Hypertension	Respondents who reported that they have been told that their blood pressure is high	Respondents who reported that they have not been told that their blood pressure is high	Respondents who reported that they "don't know" if they were told that their blood pressure is high and those who "refused" to answer the question
Overweight	Females with a body mass index greater than or equal to 27.3 and males with body mass index greater than or equal to 27.8	Females with a body mass index less than 27.3 and males with a body mass index less than 27.8	Respondents who "didn't know" their height or weight values or respondents who "refused" to answer either question
Smoking	Respondents who reported that they have smoked at least 100 cigarettes in their lifetime and now smoke regularly	Respondents who reported that they have not smoked 100 cigarettes in their lifetime or respondents who have smoked 100 cigarettes in their lifetime but currently do not smoke	Respondents who reported that they "don't know" if they have smoked 100 cigarettes or "refused" to answer the question
Drinking and Driving	Respondents who reported that they have had alcoholic beverages in the past month and have driven after having too much to drink one or more times in the past month	Respondents who reported that they have not had any alcoholic beverages in the past month or respondents who reported that they have had alcoholic beverages in the past month but have not driven a car after drinking too much	Respondents who reported that they "don't know" whether they have driven after having too much to drink or respondents who refused to answer either question
Chronic Drinking	Respondents who reported that they have had on the average two or more drinks per day i.e., 60 or more drinks a month	Respondents who reported that they have not had any alcoholic beverages in the past month or respondents who reported that they have not had more than 60 drinks a month	Respondents who reported that they "don't know" how many days a week they drank alcoholic beverages or "don't know" how many drinks they drank on the average or respondents who "refused" to answer one or all of the questions
Sedentary Lifestyle	Respondents who reported no physical activity or who reported a physical activity or pair of activities that were done for 20 minutes or less, fewer than three times a week	Respondents who reported a physical activity or pair of activities done for a total of more than 20 minutes, three or more times per week	Respondents who reported that they "don't know" whether they have participated in any physical activity during the past month or respondents who "refused" to answer or give the name of the physical activity

Appendix C:

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Survey Advisory Committee

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Martin Atherton, MPH
Chief
Bureau of Health Information & Data Management
Nevada Health Division

Jamie Benedict, EdD
Nutritionist
Cooperative Extension Service
University of Nevada-Reno

Judy Calder, EdD
Director
Senator Alan Bible Center for Survey Research
University of Nevada, Reno

Dina Dagher, M.P.H.
University of Nevada, Reno
College of Human and Community Sciences

Sandra A. Daugherty, MD, PHD
Professor and Director
Division of Preventive Medicine and Epidemiology
University of Nevada School of Medicine

Caroline Leontos, R.D., M.S.
Area Extension Specialist
Cooperative Extension Service
University of Nevada, Reno

Jeanne Palmer, MS
Health Educator
Clark County Health District

Otto Ravenholt, MD, MPH
Health Officer
Clark County Health District

Nancy Rody, MPH, DPH
AIDS Coordinator
Washoe County District Health Department

Dahn Shaulis, M.S.
Physical Education Specialist
Henderson, Nevada